

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|-------------|--------|
| 0042T | CT PERFUSION W/CONTRAST CBF | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0054T | BONE SRGRY CMPTR FLUOR IMAGE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0055T | BONE SRGRY CMPTR CT/MRI IMAG | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0071T | US LEIOMYOMATA ABLATE <200 | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0072T | FCSD US ABLTJ LEIOMYOM>=200 | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0100T | PROSTH RETINA RECEIVE&GEN | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0101T | ESW MUSCSKEL SYS NOS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0102T | ESW PHY ANES LAT HMRL EPCNDL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0174T | CAD CXR WITH INTERP | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0175T | CAD CXR REMOTE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0184T | EXC RECTAL TUMOR ENDOSCOPIC | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0200T | PERQ SACRAL AUGMT UNILAT INJ | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0201T | PERQ SACRAL AUGMT BILAT INJ | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0213T | NJX PARAVERT W/US CER/THOR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0214T | NJX PARAVERT W/US CER/THOR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0215T | NJX PARAVERT W/US CER/THOR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0216T | NJX PARAVERT W/US LUMB/SAC | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0217T | NJX PARAVERT W/US LUMB/SAC | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0218T | NJX PARAVERT W/US LUMB/SAC | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0221T | PLMT POST FACET IMPLT LUMB | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0232T | NJX PLATELET PLASMA | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0238T | TRLUML PERIP ATHRC ILIAC ART | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0250T | INSERT BRONCHIAL VALVE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0251T | REMOV BRONCHIAL VALVE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0252T | REMOV BRONCH VALVE ADDL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0253T | INSERT AQUEOUS DRAIN DEVICE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0263T | IM B1 MRW CEL THER CMPL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0264T | IM B1 MRW CEL THER XCL HRVST | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0265T | IM B1 MRW CEL THER HRVST ONL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0266T | IMPLT/RPL CRTD SNS DEV TOTAL | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0267T | IMPLT/RPL CRTD SNS DEV LEAD | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0268T | IMPLT/RPL CRTD SNS DEV GEN | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0269T | REV/REML CRTD SNS DEV TOTAL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0270T | REV/REML CRTD SNS DEV LEAD | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0271T | REV/REML CRTD SNS DEV GEN | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0274T | PERQ LAMOT/LAM CRV/THRC | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0275T | PERQ LAMOT/LAM LUMBAR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0278T | TEMPR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0308T | INSJ OCULAR TELESCOPE PROSTH | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0330T | TEAR FILM IMG UNI/BI W/I&R | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0331T | HEART SYMP IMAGE PLNR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0332T | HEART SYMP IMAGE PLNR SPECT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0335T | INSJ SINUS TARSII IMPLANT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0338T | TRNSCTH RENAL SYMP DENRV UNL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0339T | TRNSCTH RENAL SYMP DENRV BIL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0342T | THXP APHERESIS W/HDL DELIP | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0347T | INS BONE DEVICE FOR RSA | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0348T | RSA SPINE EXAM | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0349T | RSA UPPER EXTR EXAM | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0350T | RSA LOWER EXTR EXAM | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0351T | INTRAOP OCT BRST/NODE SPEC | - | - | 7/1/2018 | Not Allowed | \$0.00 |

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| 0353T | INTRAOP OCT BREAST CAVITY | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0379T | VIS FIELD ASSMNT TECH SUPPT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0394T | HDR ELCTRNC SKN SURF BRCHYTX | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0395T | HDR ELCTR NTRST/NTRCV BRCHTX | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0397T | ERCP W/OPTICAL ENDOMICROSCPY | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0402T | COLGN CRS-LINK CRN&PACHYMTRY | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0408T | INSJ/RPLC CARDIAC MODULJ SYS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0409T | INSJ/RPLC CAR MODULJ PLS GN | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0410T | INSJ/RPLC CAR MODULJ ATR ELT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0411T | INSJ/RPLC CAR MODULJ VNT ELT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0412T | RMVL CARDIAC MODULJ PLS GEN | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0413T | RMVL CAR MODULJ TRANVNS ELT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0414T | RMVL & RPL CAR MODULJ PLS GN | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0415T | REPOS CAR MODULJ TRANVNS ELT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0416T | RELOC SKIN POCKET PLS GEN | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0419T | DSTRJ NEUROFIBROMA XTNSV | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0420T | DSTRJ NEUROFIBROMA XTNSV | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0421T | WATERJET PROSTATE ABLTJ CMPL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0422T | TACTILE BREAST IMG UNI/BI | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0437T | IMPLTJ SYNTH RNFCMT ABDL WAL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0439T | MYOCRD CONTRAST PRFUJ ECHO | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0440T | ABL TJ PERC UXTR/PERPH NRV | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0441T | ABL TJ PERC LXTR/PERPH NRV | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0442T | ABL TJ PERC PLEX/TRNCL NRV | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0443T | R-T SPCTRL ALYS PRST8 TISS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0444T | 1ST PLMT DRUG ELUT OC INS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0445T | SBSQT PLMT DRUG ELUT OC INS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0446T | INSJ IMPLTBL GLUCOSE SENSOR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0447T | RMVL IMPLTBL GLUCOSE SENSOR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0448T | REMV L INSJ IMPLTBL GLUC SENS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0449T | INSJ AQUEOUS DRAIN DEV 1ST | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0450T | INSJ AQUEOUS DRAIN DEV EACH | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0474T | INSJ AQUEOUS DRG DEV IO RSVR | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0479T | FXJL ABL LSR 1ST 100 SQ CM | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0480T | FXJL ABL LSR EA ADDL 100SQCM | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0481T | NJX AUTOL WBC CONCENTRATE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0483T | TMVI PERCUTANEOUS APPROACH | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0484T | TMVI TRANSTHORACIC EXPOSURE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0485T | OCT MID EAR I&R UNILATERAL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0486T | OCT MID EAR I&R BILATERAL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0488T | DIABETES PREV ONLINE/ELEC | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 0505T | EV FEMPOP ARTL REVSC | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0510T | RMVL SINUS TARSI IMPLANT | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0511T | RMVL&RINSJ SINUS TARSI IMPLT | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0512T | ESW INTEG WND HLG 1ST WND | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0513T | ESW INTEG WND HLG EA ADDL | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0515T | INSJ WCS LV COMPL SYS | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0516T | INSJ WCS LV ELTRD ONLY | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0517T | INSJ WCS LV BOTH COMPNT PG | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0518T | RMVL PG WCS LV BATTERY ONLY | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0519T | RMVL & RPLCMT PG COMPNT WCS | - | - | 1/1/2021 | Not Allowed | \$0.00 |

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| 0520T | RMVL&RPLCMT PG WCS NEW ELTRD | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0523T | NTRAPX C FFR W/3D FUNCJL MAP | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0524T | EV CATH DIR CHEM ABLTJ W/IMG | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0525T | INSJ/RPLCMT COMPL IIMS | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0526T | INSJ/RPLCMT IIMS ELTRD ONLY | - | - | 1/1/2019 | Not Allowed | \$0.00 |
| 0527T | INSJ/RPLCMT IIMS IMPLT MNTR | - | - | 7/1/2019 | Not Allowed | \$0.00 |
| 0530T | REMOVAL COMPLETE IIMS | - | - | 7/1/2019 | Not Allowed | \$0.00 |
| 0531T | REMOVAL IIMS ELECTRODE ONLY | - | - | 7/1/2019 | Not Allowed | \$0.00 |
| 0532T | REMOVAL IIMS IMPLT MNTR ONLY | - | - | 7/1/2019 | Not Allowed | \$0.00 |
| 0558T | CT SCAN F/BIOMCHN CT ALYS | - | - | 7/1/2019 | Not Allowed | \$0.00 |
| 0566T | AUTOL CELL IMPLT ADPS NJX | - | - | 1/1/2020 | Not Allowed | \$0.00 |
| 0581T | ABLTIJ MAL BRST TUM PERQ CRTX | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| 0583T | TMPST AUTO TUBE DLVR SYS | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0587T | PERQ IMPLTIJ/RPLCMT ISDNS PTN | - | - | 1/1/2020 | Not Allowed | \$0.00 |
| 0588T | REVISION/REMOVAL ISDNS PTN | - | - | 1/1/2020 | Not Allowed | \$0.00 |
| 0594T | OSTEOT HUM XTRNL LNGTH DEV | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0596T | TEMP FML IU VLV-PMP 1ST INSJ | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0597T | TEMP FML IU VALVE-PMP RPLCMT | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0598T | NCNTC R-T FLUOR WND IMG 1ST | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0599T | NCNTC R-T FLUOR WND IMG EA | - | - | 10/1/2020 | Not Allowed | \$0.00 |
| 0600T | IRE ABLTIJ 1+TUM ORGAN PERQ | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0601T | IRE ABLTIJ 1+TUMORS OPEN | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0609T | MRS DISC PAIN ACQUISJ DATA | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0611T | MRS DISC PAIN ALG ALYS DATA | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0614T | RMVL&RPLCMT SS IMPL DFB PG | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0616T | INSERTION OF IRIS PROSTHESIS | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0617T | INSJ IRIS PROSTH W/RMVL&INSJ | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0618T | INSJ IRIS PROSTH SEC IO LENS | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0619T | CYSTO W/PRST8 COMMISSUROTOMY | - | - | 7/1/2020 | Not Allowed | \$0.00 |
| 0620T | EVASC VEN ARTLZ TIBL/PRNL VN | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0627T | PERQ NJX ALGC FLUOR LMBR 1ST | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0628T | PERQ NJX ALGC FLUOR LMBR EA | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0629T | PERQ NJX ALGC CT LMBR 1ST | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0630T | PERQ NJX ALGC CT LMBR EA | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0632T | PERQ TCAT US ABLTIJ NRV P-ART | - | - | 4/1/2021 | Not Allowed | \$0.00 |
| 0633T | CT BREAST W/3D UNI C- | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0634T | CT BREAST W/3D UNI C+ | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0635T | CT BREAST W/3D UNI C-/C+ | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0636T | CT BREAST W/3D BI C- | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0637T | CT BREAST W/3D BI C+ | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0638T | CT BREAST W/3D BI C-/C+ | - | - | 1/1/2021 | Not Allowed | \$0.00 |
| 0644T | TCAT RMVL/DBLK ICAR MAS PERQ | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0647T | INSJ GTUBE PERQ MAG GASTRPXY | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0648T | QUAN MR TIS WO MRI IORGN | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0651T | MAG CTRLD CAPSULE ENDOSCOPY | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0652T | EGD FLX TRANSNASAL DX BR/WA | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0653T | EGD FLX TRANSNASAL BX 1/MLT | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0654T | EGD FLX TRANSNASAL TUBE/CATH | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0655T | TPRNL FOCAL ABLTIJ MAL PRST8 | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 0660T | IMPLT ANT SGM IO NBIO RX SYS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 0661T | RMVL&RIMPLTIJ ANT SGM IMPLT | - | - | 4/1/2024 | Not Allowed | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 0671T | INSJ ANT SGM AQ DRG DEV 1+ | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 0673T | ABLTJ B9 THYR NDUL PERQ LASR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 0686T | HISTOTRIPSY MAL HEPATCEL TIS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 0689T | QUAN US TIS CHARAC W/O DX US | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 0697T | QUAN MR TIS WO MRI MLT ORGN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 0698T | QUAN MR TISS W/MRI MLT ORGN | - | - | 7/1/2023 | Not Allowed | \$0.00 |
| 0699T | NJX PST CHMBR EYE MEDICATION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 0707T | NJX B1 SUB MTRL SBCHDRL DFCT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 0714T | TPRNL LSR ABLT B9 PRST8 HYPR | - | - | 7/1/2022 | Not Allowed | \$0.00 |
| 0784T | INS/RPLMT ELTRD RA SPI NSTIM | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0785T | REVJ/RMVL NEA SPI W/NSTIM | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0786T | INSJ/RPLCMT PRQ RA SAC NSTIM | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0787T | REVJ/RMVL NEA SAC W/NSTIM | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0793T | PRQ TCAT THRM ABLT NRV P-ART | - | - | 7/1/2023 | Not Allowed | \$0.00 |
| 0797T | TCAT INS 2CHMBR LDLS PM RV | - | - | 7/1/2023 | Not Allowed | \$0.00 |
| 0800T | TCAT RMVL 2CHMBR LDLS PM RV | - | - | 7/1/2023 | Not Allowed | \$0.00 |
| 0803T | TCAT RMV&RPL2CHMB LDLS PM RV | - | - | 7/1/2023 | Not Allowed | \$0.00 |
| 0810T | SUBRTA NJX RX AGT W/VTRC | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0813T | EGD VOL ADJMT BARIATRIC BALO | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0816T | OPN INSJ/RPLCMT INS PTN SUBQ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0817T | OPN INSJ/RPLCMT INS PTN SUBF | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0818T | REVJ/RMVL INS PTN SUBQ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0819T | REVJ/RMVL INS PTN SUBF | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 0864T | LOW NTSTY ESWT CORPUS CVRNSM | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 10004 | FNA BX W/O IMG GDN EA ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 10005 | FNA BX W/US GDN 1ST LES | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 10006 | FNA BX W/US GDN EA ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 10007 | FNA BX W/FLUOR GDN 1ST LES | Y | - | 4/1/2024 | Fee Schedule | \$235.68 |
| 10008 | FNA BX W/FLUOR GDN EA ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 10009 | FNA BX W/CT GDN 1ST LES | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 10010 | FNA BX W/CT GDN EA ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 10011 | FNA BX W/MR GDN 1ST LES | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 10012 | FNA BX W/MR GDN EA ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 10021 | FNA BX W/O IMG GDN 1ST LES | Y | - | 4/1/2024 | Fee Schedule | \$62.25 |
| 10030 | IMG GID FLU COLL DRG SFT TIS | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 10035 | PLMT SFT TISS LOCLZJ DEV 1ST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 10036 | PLMT SFT TISS LOCLZJ DEV EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 10040 | ACNE SURGERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 10060 | I&D ABSCESS SIMPLE/SINGLE | Y | - | 4/1/2024 | Fee Schedule | \$82.56 |
| 10061 | I&D ABSCESS COMP/MULTIPLE | Y | - | 4/1/2024 | Fee Schedule | \$123.16 |
| 10080 | I&D PILONIDAL CYST SIMPLE | Y | - | 4/1/2024 | Fee Schedule | \$203.71 |
| 10081 | I&D PILONIDAL CYST COMP | Y | - | 4/1/2024 | Fee Schedule | \$245.66 |
| 10120 | INC&RMVL FB SUBQ TISS SMPL | Y | - | 4/1/2024 | Fee Schedule | \$107.19 |
| 10121 | INC&RMVL FB SUBQ TISS COMP | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 10140 | I&D HMTMA SEROMA/FLUID COLLJ | Y | - | 4/1/2024 | Fee Schedule | \$110.85 |
| 10160 | PNXR ASPIR ABS C HMTMA BULLA | Y | - | 4/1/2024 | Fee Schedule | \$83.22 |
| 10180 | I&D COMPLEX PO WOUND INFCTJ | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11000 | DBRDMT ECZ/INFECTED SKIN<10% | Y | - | 4/1/2024 | Fee Schedule | \$37.61 |
| 11001 | DBRDMT ECZ/INFCT SKN EA ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11010 | DEBRIDE SKIN AT FX SITE | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 11011 | DEBRIDE SKIN MUSC AT FX SITE | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 11012 | DEB SKIN BONE AT FX SITE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11042 | DBRDMT SUBQ TIS 1ST 20SQCM/< | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 11043 | DBRDMT MUSC&/FSCA 1ST 20/< | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 11044 | DBRDMT BONE 1ST 20 SQ CM/< | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11045 | DBRDMT SUBQ TISS EACH ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11046 | DBRDMT MUSC&/FSCA EA ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11047 | DBRDMT BONE EACH ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11055 | PARING/CUTG B9 HYPRKER LES 1 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11056 | PARNG/CUTG B9 HYPRKR LES 2-4 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11057 | PARNG/CUTG B9 HYPRKR LES >4 | Y | - | 4/1/2024 | Fee Schedule | \$66.91 |
| 11102 | TANGNTL BX SKIN SINGLE LES | Y | - | 4/1/2024 | Fee Schedule | \$76.22 |
| 11103 | TANGNTL BX SKIN EA SEP/ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 11104 | PUNCH BX SKIN SINGLE LESION | Y | - | 4/1/2024 | Fee Schedule | \$94.21 |
| 11105 | PUNCH BX SKIN EA SEP/ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 11106 | INCAL BX SKN SINGLE LES | Y | - | 4/1/2024 | Fee Schedule | \$117.51 |
| 11107 | INCAL BX SKN EA SEP/ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 11200 | RMVL SKIN TAGS UP TO&INC 15 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11201 | RMVL SKIN TAGS EA ADDL 10 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11300 | SHAVE SKIN LESION 0.5 CM/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11301 | SHAVE SKIN LESION 0.6-1.0 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11302 | SHAVE SKIN LESION 1.1-2.0 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11303 | SHAVE SKIN LESION >2.0 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11305 | SHAVE SKIN LESION 0.5 CM/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11306 | SHAVE SKIN LESION 0.6-1.0 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11307 | SHAVE SKIN LESION 1.1-2.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$94.53 |
| 11308 | SHAVE SKIN LESION >2.0 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11310 | SHAVE SKIN LESION 0.5 CM/< | Y | - | 4/1/2024 | Fee Schedule | \$86.22 |
| 11311 | SHAVE SKIN LESION 0.6-1.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$96.20 |
| 11312 | SHAVE SKIN LESION 1.1-2.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$107.51 |
| 11313 | SHAVE SKIN LESION >2.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$118.84 |
| 11400 | EXC TR-EXT B9+MARG 0.5 CM< | Y | - | 4/1/2024 | Fee Schedule | \$94.87 |
| 11401 | EXC TR-EXT B9+MARG 0.6-1 CM | Y | - | 4/1/2024 | Fee Schedule | \$108.85 |
| 11402 | EXC TR-EXT B9+MARG 1.1-2 CM | Y | - | 4/1/2024 | Fee Schedule | \$118.17 |
| 11403 | EXC TR-EXT B9+MARG 2.1-3CM | Y | - | 4/1/2024 | Fee Schedule | \$128.82 |
| 11404 | EXC TR-EXT B9+MARG 3.1-4 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11406 | EXC TR-EXT B9+MARG >4.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11420 | EXC H-F-NK-SP B9+MARG 0.5/< | Y | - | 4/1/2024 | Fee Schedule | \$89.54 |
| 11421 | EXC H-F-NK-SP B9+MARG 0.6-1 | Y | - | 4/1/2024 | Fee Schedule | \$105.86 |
| 11422 | EXC H-F-NK-SP B9+MARG 1.1-2 | Y | - | 4/1/2024 | Fee Schedule | \$117.17 |
| 11423 | EXC H-F-NK-SP B9+MARG 2.1-3 | Y | - | 4/1/2024 | Fee Schedule | \$128.82 |
| 11424 | EXC H-F-NK-SP B9+MARG 3.1-4 | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11426 | EXC H-F-NK-SP B9+MARG >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11440 | EXC FACE-MM B9+MARG 0.5 CM/< | Y | - | 4/1/2024 | Fee Schedule | \$105.52 |
| 11441 | EXC FACE-MM B9+MARG 0.6-1 CM | Y | - | 4/1/2024 | Fee Schedule | \$117.51 |
| 11442 | EXC FACE-MM B9+MARG 1.1-2 CM | Y | - | 4/1/2024 | Fee Schedule | \$127.49 |
| 11443 | EXC FACE-MM B9+MARG 2.1-3 CM | Y | - | 4/1/2024 | Fee Schedule | \$140.47 |
| 11444 | EXC FACE-MM B9+MARG 3.1-4 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11446 | EXC FACE-MM B9+MARG >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11450 | EXC SKN HDRDNT AX SMPL/NTRM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11451 | EXC SKN HDRDNT AX COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11462 | EXC SKN HDRDNT ING SMPL/NTRM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |

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ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 11463 | EXC SKN HDRDNT ING COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11470 | EXC SKN H/P/P/U SMPL/NTRM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11471 | EXC SKN H/P/P/U COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11600 | EXC TR-EXT MAL+MARG 0.5 CM< | Y | - | 4/1/2024 | Fee Schedule | \$136.48 |
| 11601 | EXC TR-EXT MAL+MARG 0.6-1 CM | Y | - | 4/1/2024 | Fee Schedule | \$152.12 |
| 11602 | EXC TR-EXT MAL+MARG 1.1-2 CM | Y | - | 4/1/2024 | Fee Schedule | \$161.45 |
| 11603 | EXC TR-EXT MAL+MARG 2.1-3 CM | Y | - | 4/1/2024 | Fee Schedule | \$174.09 |
| 11604 | EXC TR-EXT MAL+MARG 3.1-4 CM | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 11606 | EXC TR-EXT MAL+MARG >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11620 | EXC H-F-NK-SP MAL+MARG 0.5/< | Y | - | 4/1/2024 | Fee Schedule | \$136.81 |
| 11621 | EXC S/N/H/F/G MAL+MRG 0.6-1 | Y | - | 4/1/2024 | Fee Schedule | \$152.12 |
| 11622 | EXC S/N/H/F/G MAL+MRG 1.1-2 | Y | - | 4/1/2024 | Fee Schedule | \$164.11 |
| 11623 | EXC S/N/H/F/G MAL+MRG 2.1-3 | Y | - | 4/1/2024 | Fee Schedule | \$179.75 |
| 11624 | EXC S/N/H/F/G MAL+MRG 3.1-4 | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11626 | EXC S/N/H/F/G MAL+MRG >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11640 | EXC F/E/E/N/L MAL+MRG 0.5CM< | Y | - | 4/1/2024 | Fee Schedule | \$141.47 |
| 11641 | EXC F/E/E/N/L MAL+MRG 0.6-1 | Y | - | 4/1/2024 | Fee Schedule | \$156.45 |
| 11642 | EXC F/E/E/N/L MAL+MRG 1.1-2 | Y | - | 4/1/2024 | Fee Schedule | \$170.43 |
| 11643 | EXC F/E/E/N/L MAL+MRG 2.1-3 | Y | - | 4/1/2024 | Fee Schedule | \$186.41 |
| 11644 | EXC F/E/E/N/L MAL+MRG 3.1-4 | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 11646 | EXC F/E/E/N/L MAL+MRG >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11719 | TRIM NAIL(S) ANY NUMBER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11720 | DEBRIDE NAIL 1-5 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11721 | DEBRIDE NAIL 6 OR MORE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11730 | REMOVAL OF NAIL PLATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11732 | REMOVE NAIL PLATE ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11740 | DRAIN BLOOD FROM UNDER NAIL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11750 | REMOVAL OF NAIL BED | Y | - | 4/1/2024 | Fee Schedule | \$104.19 |
| 11755 | BIOPSY NAIL UNIT | Y | - | 4/1/2024 | Fee Schedule | \$77.23 |
| 11760 | REPAIR OF NAIL BED | Y | - | 4/1/2024 | Fee Schedule | \$124.49 |
| 11762 | RECONSTRUCTION OF NAIL BED | Y | - | 4/1/2024 | Fee Schedule | \$179.42 |
| 11765 | EXCISION OF NAIL FOLD TOE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11770 | REMOVE PILONIDAL CYST SIMPLE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11771 | REMOVE PILONIDAL CYST EXTEN | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11772 | REMOVE PILONIDAL CYST COMPL | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11900 | INJECT SKIN LESIONS <W 7 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11901 | INJECT SKIN LESIONS >7 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11920 | CORRECT SKIN COLOR 6.0 CM< | Y | - | 4/1/2024 | Fee Schedule | \$137.47 |
| 11921 | CORRECT SKN COLOR 6.1-20.0CM | Y | - | 4/1/2024 | Fee Schedule | \$146.14 |
| 11922 | CORRECT SKIN COLOR EA 20.0CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11950 | TX CONTOUR DEFECTS 1 CC< | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 11951 | TX CONTOUR DEFECTS 1.1-5.0CC | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 11952 | TX CONTOUR DEFECTS 5.1-10CC | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 11954 | TX CONTOUR DEFECTS >10.0 CC | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 11960 | INSERT TISSUE EXPANDER(S) | Y | Y | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 11970 | RPLCMT TISS XPNDR PERM IMPLT | Y | Y | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 11971 | RMVL TIS XPNDR WO INSJ IMPLT | - | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 11976 | REMOVE CONTRACEPTIVE CAPSULE | - | - | 4/1/2024 | Fee Schedule | \$76.22 |
| 11980 | IMPLANT HORMONE PELLE(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11981 | INSERTION DRUG DLVR IMPLANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 11982 | REMOVE DRUG IMPLANT DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| 11983 | REMOVE/INSERT DRUG IMPLANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 12001 | RPR S/N/AX/GEN/TRNK 2.5CM/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 12002 | RPR S/N/AX/GEN/TRNK2.6-7.5CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 12004 | RPR S/N/AX/GEN/TRK7.6-12.5CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 12005 | RPR S/N/A/GEN/TRK12.6-20.0CM | - | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12006 | RPR S/N/A/GEN/TRK20.1-30.0CM | - | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12007 | RPR S/N/AX/GEN/TRNK >30.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$103.84 |
| 12011 | RPR F/E/E/N/L/M 2.5 CM/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 12013 | RPR F/E/E/N/L/M 2.6-5.0 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 12014 | RPR F/E/E/N/L/M 5.1-7.5 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 12015 | RPR F/E/E/N/L/M 7.6-12.5 CM | - | - | 4/1/2024 | Fee Schedule | \$103.84 |
| 12016 | RPR FE/E/EN/L/M 12.6-20.0 CM | - | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12017 | RPR FE/E/EN/L/M 20.1-30.0 CM | - | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12018 | RPR F/E/E/N/L/M >30.0 CM | - | - | 4/1/2024 | Fee Schedule | \$103.84 |
| 12020 | TX SUPFC WND DEHSN SMPL CLSR | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 12021 | TX SUPFC WND DEHSN W/PACKING | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12031 | INTMD RPR S/A/T/EXT 2.5 CM/< | Y | - | 4/1/2024 | Fee Schedule | \$188.41 |
| 12032 | INTMD RPR S/A/T/EXT 2.6-7.5 | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12034 | INTMD RPR S/TR/EXT 7.6-12.5 | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12035 | INTMD RPR S/A/T/EXT 12.6-20 | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12036 | INTMD RPR S/A/T/EXT 20.1-30 | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 12037 | INTMD RPR S/TR/EXT >30.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 12041 | INTMD RPR N-HF/GENIT 2.5CM/< | - | - | 4/1/2024 | Fee Schedule | \$185.42 |
| 12042 | INTMD RPR N-HF/GENIT2.6-7.5 | Y | - | 4/1/2024 | Fee Schedule | \$206.71 |
| 12044 | INTMD RPR N-HF/GENIT7.6-12.5 | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 12045 | INTMD RPR N-HF/GENIT12.6-20 | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 12046 | INTMD RPR N-HF/GENIT20.1-30 | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 12047 | INTMD RPR N-HF/GENIT >30.0CM | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 12051 | INTMD RPR FACE/MM 2.5 CM/< | Y | - | 4/1/2024 | Fee Schedule | \$196.06 |
| 12052 | INTMD RPR FACE/MM 2.6-5.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12053 | INTMD RPR FACE/MM 5.1-7.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12054 | INTMD RPR FACE/MM 7.6-12.5CM | - | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12055 | INTMD RPR FACE/MM 12.6-20 CM | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12056 | INTMD RPR FACE/MM 20.1-30.0 | - | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 12057 | INTMD RPR FACE/MM >30.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 13100 | CMPLX RPR TRUNK 1.1-2.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 13101 | CMPLX RPR TRUNK 2.6-7.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 13102 | CMPLX RPR TRUNK ADDL 5CM/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 13120 | CMPLX RPR S/A/L 1.1-2.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 13121 | CMPLX RPR S/A/L 2.6-7.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 13122 | CMPLX RPR S/A/L ADDL 5 CM/> | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 13131 | CMPLX RPR F/C/M/N/AX/G/H/F | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 13132 | CMPLX RPR F/C/M/N/AX/G/H/F | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 13133 | CMPLX RPR F/C/M/N/AX/G/H/F | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 13151 | CMPLX RPR E/N/E/L 1.1-2.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 13152 | CMPLX RPR E/N/E/L 2.6-7.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 13153 | CMPLX RPR E/N/E/L ADDL 5CM/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 13160 | SEC CLSR SURG WND/DEHSN XTN | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14000 | TIS TRNFR TRUNK 10 SQ CM/< | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14001 | TIS TRNFR TRUNK 10.1-30SQCM | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14020 | TIS TRNFR S/A/L 10 SQ CM/< | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 14021 | TIS TRNFR S/A/L 10.1-30 SQCM | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14040 | TIS TRNFR F/C/C/M/N/A/G/H/F | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14041 | TIS TRNFR F/C/C/M/N/A/G/H/F | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14060 | TIS TRNFR E/N/E/L 10 SQ CM/< | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14061 | TIS TRNFR E/N/E/L10.1-30SQCM | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 14301 | TIS TRNFR ANY 30.1-60 SQ CM | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 14302 | TIS TRNFR ADDL 30 SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 14350 | FILLETED FINGER/TOE FLAP | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15002 | WOUND PREP TRK/ARM/LEG | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15003 | WOUND PREP ADDL 100 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15004 | WOUND PREP F/N/HF/G | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 15005 | WND PREP F/N/HF/G ADDL CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15040 | HARVEST CULTURED SKIN GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15050 | PINCH GRAFT UP TO 2 CM DIAM | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 15100 | SKIN SPLT GRFT TRNK/ARM/LEG | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15101 | SKIN SPLT GRFT T/A/L ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15110 | EPIDRM AUTOGRFT TRNK/ARM/LEG | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15111 | EPIDRM AUTOGRFT T/A/L ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15115 | EPIDRM A-GRFT FACE/NCK/HF/G | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15116 | EPIDRM A-GRFT F/N/HF/G ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15120 | SKN SPLT A-GRFT FAC/NCK/HF/G | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15121 | SKN SPLT A-GRFT F/N/HF/G ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15130 | DERM AUTOGRAFT TRNK/ARM/LEG | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15131 | DERM AUTOGRAFT T/A/L ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15135 | DERM AUTOGRAFT FACE/NCK/HF/G | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15136 | DERM AUTOGRAFT F/N/HF/G ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15150 | CULT SKIN GRFT T/ARM/LEG | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15151 | CULT SKIN GRFT T/A/L ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15152 | CULT SKIN GRAFT T/A/L +% | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15155 | CULT SKIN GRAFT F/N/HF/G | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15156 | CULT SKIN GRFT F/N/HFG ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15157 | CULT EPIDERM GRFT F/N/HFG +% | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15200 | FTH GRF FR TRNK 20 SQ CM/< | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15201 | FTH GRF FR TRNK EACH ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15220 | FTH GRF FR S/A/L 20 SQ CM/< | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15221 | FTH GRF FR S/A/L EACH ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15240 | FTH GR FR F/C/C/M/N/AX/G/H/F | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15241 | FTH GR F/C/C/M/N/AX/G/H/F EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15260 | FTH GRF FR N/E/E/L 20 SQCM/< | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15261 | FTH GRF FR N/E/E/L EACH ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15271 | SKIN SUB GRAFT TRNK/ARM/LEG | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15272 | SKIN SUB GRAFT T/A/L ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15273 | SKIN SUB GRFT T/ARM/LG CHILD | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15274 | SKN SUB GRFT T/A/L CHILD ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15275 | SKIN SUB GRAFT FACE/NK/HF/G | Y | - | 4/1/2024 | Fee Schedule | \$91.54 |
| 15276 | SKIN SUB GRAFT F/N/HF/G ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15277 | SKN SUB GRFT F/N/HF/G CHILD | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15278 | SKN SUB GRFT F/N/HF/G CH ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15570 | SKIN PEDICLE FLAP TRUNK | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15572 | SKIN PEDICLE FLAP ARMS/LEGS | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15574 | PEDCLE FH/CH/CH/M/N/AX/G/H/F | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 15576 | PEDICLE E/N/E/L/NTRORAL | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15600 | DELAY FLAP TRUNK | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15610 | DELAY FLAP ARMS/LEGS | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15620 | DELAY FLAP F/C/C/N/AX/G/H/F | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15630 | DELAY FLAP EYE/NOS/EAR/LIP | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15650 | TRANSFER SKIN PEDICLE FLAP | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15730 | MDFC FLAP W/PRSRV VASC PEDCL | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15731 | FOREHEAD FLAP W/VASC PEDICLE | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15733 | MUSC MYOQ/FSCQ FLP H&N PEDCL | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15734 | MUSCLE-SKIN GRAFT TRUNK | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15736 | MUSCLE-SKIN GRAFT ARM | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15738 | MUSCLE-SKIN GRAFT LEG | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15740 | ISLAND PEDICLE FLAP GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15750 | NEUROVASCULAR PEDICLE FLAP | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15760 | COMPOSITE SKIN GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15769 | GRFG AUTOL SOFT TISS DIR EXC | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15770 | DERMA-FAT-FASCIA GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15771 | GRFG AUTOL FAT LIPO 50 CC/< | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15773 | GRFG AUTOL FAT LIPO 25 CC/< | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15775 | HAIR TRNSPL 1-15 PUNCH GRFTS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15776 | HAIR TRNSPL >15 PUNCH GRAFTS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15777 | ACELLULAR DERM MATRIX IMPLT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15780 | DERMABRASION TOTAL FACE | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15781 | DERMABRASION SEGMENTAL FACE | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15782 | DERMABRASION OTHER THAN FACE | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15783 | DERMABRASION SUPRFL ANY SITE | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15786 | ABRASION LESION SINGLE | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 15787 | ABRASION LESIONS ADD-ON | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 15788 | CHEMICAL PEEL FACE EPIDERM | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 15789 | CHEMICAL PEEL FACE DERMAL | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15792 | CHEMICAL PEEL NONFACIAL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 15793 | CHEMICAL PEEL NONFACIAL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 15819 | PLASTIC SURGERY NECK | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15820 | REVISION OF LOWER EYELID | Y | Y | 4/1/2024 | Fee Schedule | \$945.87 |
| 15821 | REVISION OF LOWER EYELID | Y | Y | 4/1/2024 | Fee Schedule | \$945.87 |
| 15822 | REVISION OF UPPER EYELID | Y | Y | 4/1/2024 | Fee Schedule | \$945.87 |
| 15823 | REVISION OF UPPER EYELID | Y | Y | 4/1/2024 | Fee Schedule | \$945.87 |
| 15824 | REMOVAL OF FOREHEAD WRINKLES | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15825 | REMOVAL OF NECK WRINKLES | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15826 | REMOVAL OF BROW WRINKLES | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15828 | REMOVAL OF FACE WRINKLES | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15829 | REMOVAL OF SKIN WRINKLES | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15830 | EXC SKIN ABD | Y | Y | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 15832 | EXCISE EXCESSIVE SKIN THIGH | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15833 | EXCISE EXCESSIVE SKIN LEG | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15834 | EXCISE EXCESSIVE SKIN HIP | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15835 | EXCISE EXCESSIVE SKIN BUTTCK | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15836 | EXCISE EXCESSIVE SKIN ARM | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15837 | EXCISE EXCESS SKIN ARM/HAND | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15838 | EXCISE EXCESS SKIN FAT PAD | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15839 | EXCISE EXCESS SKIN & TISSUE | Y | Y | 4/1/2024 | Fee Schedule | \$1,157.01 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 15840 | NERVE PALSY FASCIAL GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15841 | NERVE PALSY MUSCLE GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15842 | NERVE PALSY MICROSURG GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15845 | SKIN AND MUSCLE REPAIR FACE | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15847 | EXC SKIN ABD ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15851 | REMOVAL SUTR/STAPLE REQ ANES | Y | - | 4/1/2024 | Fee Schedule | \$15.98 |
| 15852 | DRESSING CHANGE NOT FOR BURN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15860 | TEST FOR BLOOD FLOW IN GRAFT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 15876 | SUCTION LIPECTOMY HEAD&NECK | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15877 | SUCTION LIPECTOMY TRUNK | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15878 | SUCTION LIPECTOMY UPR EXTREM | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15879 | SUCTION LIPECTOMY LWR EXTREM | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 15920 | REMOVAL OF TAIL BONE ULCER | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15922 | REMOVAL OF TAIL BONE ULCER | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15931 | REMOVE SACRUM PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15933 | REMOVE SACRUM PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15934 | REMOVE SACRUM PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15935 | REMOVE SACRUM PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15936 | REMOVE SACRUM PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15937 | REMOVE SACRUM PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15940 | REMOVE HIP PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15941 | REMOVE HIP PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15944 | REMOVE HIP PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15945 | REMOVE HIP PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15946 | REMOVE HIP PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15950 | REMOVE THIGH PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 15951 | REMOVE THIGH PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 15952 | REMOVE THIGH PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15953 | REMOVE THIGH PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 15956 | REMOVE THIGH PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 15958 | REMOVE THIGH PRESSURE SORE | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 16000 | INITIAL TREATMENT OF BURN(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 16020 | DRESS/DEBRID P-THICK BURN S | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 16025 | DRESS/DEBRID P-THICK BURN M | Y | - | 4/1/2024 | Fee Schedule | \$103.84 |
| 16030 | DRESS/DEBRID P-THICK BURN L | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 16035 | INCISION OF BURN SCAB INITI | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 17000 | DESTRUCT PREMALG LESION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17003 | DESTRUCT PREMALG LES 2-14 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17004 | DESTROY PREMAL LESIONS 15/> | Y | - | 4/1/2024 | Fee Schedule | \$117.17 |
| 17106 | DESTRUCTION OF SKIN LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$206.82 |
| 17107 | DESTRUCTION OF SKIN LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$271.96 |
| 17108 | DESTRUCTION OF SKIN LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$354.52 |
| 17110 | DESTRUCT B9 LESION 1-14 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17111 | DESTRUCT LESION 15 OR MORE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17250 | CHEM CAUT OF GRANLTJ TISSUE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17260 | DSTRJ MAL LES T/A/L 0.5 CM/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17261 | DSTRJ MAL LES T/A/L .6-1.0CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17262 | DSTRJ MAL LES T/A/L 1.1-2.0 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17263 | DSTRJ MAL LES T/A/L 2.1-3.0 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17264 | DSTRJ MAL LES T/A/L 3.1-4.0 | Y | - | 4/1/2024 | Fee Schedule | \$134.48 |
| 17266 | DSTRJ MAL LES T/A/L >4.0 CM | Y | - | 4/1/2024 | Fee Schedule | \$148.13 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 17270 | DSTR MAL LES S/N/H/F/G .5 /< | Y | - | 4/1/2024 | Fee Schedule | \$99.86 |
| 17271 | DSTR MAL LES S/N/H/F/G 0.6-1 | Y | - | 4/1/2024 | Fee Schedule | \$103.84 |
| 17272 | DSTR MAL LES S/N/H/F/G 1.1-2 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17273 | DSTR MAL LES S/N/H/F/G 2.1-3 | Y | - | 4/1/2024 | Fee Schedule | \$132.82 |
| 17274 | DSTR MAL LES S/N/H/F/G 3.1-4 | Y | - | 4/1/2024 | Fee Schedule | \$148.46 |
| 17276 | DSTR MAL LES S/N/H/F/G >4.0 | Y | - | 4/1/2024 | Fee Schedule | \$164.77 |
| 17280 | DSTR MAL LS F/E/E/N/L/M .5/< | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17281 | DSTR MAL LS F/E/E/N/L/M .6-1 | Y | - | 4/1/2024 | Fee Schedule | \$115.51 |
| 17282 | DSTR MAL LS F/E/E/N/L/M1.1-2 | Y | - | 4/1/2024 | Fee Schedule | \$129.48 |
| 17283 | DSTR MAL LS F/E/E/N/L/M2.1-3 | Y | - | 4/1/2024 | Fee Schedule | \$144.80 |
| 17284 | DSTR MAL LS F/E/E/N/L/M3.1-4 | Y | - | 4/1/2024 | Fee Schedule | \$159.12 |
| 17286 | DSTR MAL LS F/E/E/N/L/M>4.0 | Y | - | 4/1/2024 | Fee Schedule | \$190.41 |
| 17311 | MOHS 1 STAGE H/N/HF/G | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 17312 | MOHS ADDL STAGE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17313 | MOHS 1 STAGE T/A/L | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 17314 | MOHS ADDL STAGE T/A/L | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17315 | MOHS SURG ADDL BLOCK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17340 | CRYOTHERAPY OF SKIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17360 | SKIN PEEL THERAPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 17380 | HAIR REMOVAL BY ELECTROLYSIS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 19000 | PUNCTURE ASPIR CYST BREAST | Y | - | 4/1/2024 | Fee Schedule | \$68.57 |
| 19001 | PUNCTURE ASPIR CYST BRST EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19020 | MASTOTOMY EXPL DRG ABSC DP | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 19030 | NJX PX ONLY MAM DUCTO/GLCTO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19081 | BX BREAST 1ST LESION STRTCTC | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 19082 | BX BREAST ADD LESION STRTCTC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19083 | BX BREAST 1ST LESION US IMAG | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 19084 | BX BREAST ADD LESION US IMAG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19085 | BX BREAST 1ST LESION MR IMAG | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 19086 | BX BREAST ADD LESION MR IMAG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19100 | BX BREAST PERCUT W/O IMAGE | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 19101 | BIOPSY OF BREAST OPEN | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19105 | CRYOSURG ABLATE FA EACH | Y | - | 4/1/2024 | Fee Schedule | \$2,097.34 |
| 19110 | NIPPLE EXPLORATION | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19112 | EXCISE BREAST DUCT FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19120 | REMOVAL OF BREAST LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19125 | EXCISION BREAST LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19126 | EXCISION ADDL BREAST LESION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19281 | PERQ DEVICE BREAST 1ST IMAG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19282 | PERQ DEVICE BREAST EA IMAG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19283 | PERQ DEV BREAST 1ST STRTCTC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19284 | PERQ DEV BREAST ADD STRTCTC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19285 | PERQ DEV BREAST 1ST US IMAG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19286 | PERQ DEV BREAST ADD US IMAG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19287 | PERQ DEV BREAST 1ST MR GUIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19288 | PERQ DEV BREAST ADD MR GUIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19294 | PREPJ TUM CAV IORT PRTL MAST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19296 | PLACE PO BREAST CATH FOR RAD | Y | - | 4/1/2024 | Fee Schedule | \$4,371.51 |
| 19297 | PLACE BREAST CATH FOR RAD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 19298 | PLACE BREAST RAD TUBE/CATHS | Y | - | 4/1/2024 | Fee Schedule | \$4,153.94 |
| 19300 | REMOVAL OF BREAST TISSUE | Y | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 19301 | PARTIAL MASTECTOMY | Y | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19302 | P-MASTECTOMY W/LN REMOVAL | Y | Y | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 19303 | MAST SIMPLE COMPLETE | Y | Y | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 19307 | MAST MOD RAD | Y | - | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 19316 | SUSPENSION OF BREAST | Y | Y | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 19318 | BREAST REDUCTION | Y | Y | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 19325 | BREAST AUGMENTATION W/IMPLT | Y | Y | 4/1/2024 | Fee Schedule | \$3,004.70 |
| 19328 | RMVL INTACT BREAST IMPLANT | - | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19330 | RMVL RUPTURED BREAST IMPLANT | - | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19340 | INSJ BREAST IMPLT SM D MAST | Y | Y | 4/1/2024 | Fee Schedule | \$3,222.03 |
| 19342 | INSJ/RPLCMT BRST IMPLT SEP D | Y | Y | 4/1/2024 | Fee Schedule | \$3,004.70 |
| 19350 | BREAST RECONSTRUCTION | Y | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19355 | CORRECT INVERTED NIPPLE(S) | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 19357 | TISS XPNDR PLMT BRST RCNSTJ | Y | Y | 4/1/2024 | Fee Schedule | \$5,406.78 |
| 19370 | REVJ PERI-IMPLT CAPSULE BRST | Y | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19371 | PERI-IMPLT CAPSLC BRST COMPL | Y | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19380 | REVJ RECONSTRUCTED BREAST | Y | Y | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 19396 | DESIGN CUSTOM BREAST IMPLANT | Y | Y | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 19499 | UNLISTED PROCEDURE BREAST | - | - | 1/1/2015 | Not Allowed | \$0.00 |
| 20100 | EXPLORE WOUND NECK | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 20101 | EXPLORE WOUND CHEST | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 20102 | EXPLORE WOUND ABDOMEN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 20103 | EXPLORE WOUND EXTREMITY | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 20150 | EXCISE EPIPHYSEAL BAR | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 20200 | MUSCLE BIOPSY SUPERFICIAL | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 20205 | DEEP MUSCLE BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 20206 | BIOPSY MUSCLE PERQ NEEDLE | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 20220 | BONE BIOPSY TROCAR/NDL SUPFC | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 20225 | BONE BIOPSY TROCAR/NDL DEEP | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 20240 | BONE BIOPSY OPEN SUPERFICIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 20245 | BONE BIOPSY OPEN DEEP | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 20250 | BIOPSY VRT BDY OPEN THORACIC | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 20251 | BIOPSY VRT BDY OPEN LMBR/CRV | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 20500 | INJECTION OF SINUS TRACT | Y | - | 4/1/2024 | Fee Schedule | \$76.56 |
| 20501 | INJECT SINUS TRACT FOR X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 20520 | REMOVAL OF FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$146.14 |
| 20525 | REMOVAL OF FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 20526 | THER INJECTION CARP TUNNEL | Y | - | 4/1/2024 | Fee Schedule | \$45.60 |
| 20527 | INJ DUPUYTREN CORD W/ENZYME | Y | - | 4/1/2024 | Fee Schedule | \$48.27 |
| 20550 | INJ TENDON SHEATH/LIGAMENT | Y | - | 4/1/2024 | Fee Schedule | \$29.62 |
| 20551 | INJ TENDON ORIGIN/INSERTION | Y | - | 4/1/2024 | Fee Schedule | \$29.62 |
| 20552 | INJ TRIGGER POINT 1/2 MUSCL | Y | - | 4/1/2024 | Fee Schedule | \$27.97 |
| 20553 | INJECT TRIGGER POINTS 3/> | Y | - | 4/1/2024 | Fee Schedule | \$32.62 |
| 20555 | PLACE NDL MUSC/TIS FOR RT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 20600 | DRAIN/INJ JOINT/BURSA W/O US | Y | - | 4/1/2024 | Fee Schedule | \$28.96 |
| 20604 | DRAIN/INJ JOINT/BURSA W/US | Y | - | 4/1/2024 | Fee Schedule | \$49.94 |
| 20605 | DRAIN/INJ JOINT/BURSA W/O US | Y | - | 4/1/2024 | Fee Schedule | \$29.62 |
| 20606 | DRAIN/INJ JOINT/BURSA W/US | Y | - | 4/1/2024 | Fee Schedule | \$52.60 |
| 20610 | DRAIN/INJ JOINT/BURSA W/O US | Y | - | 4/1/2024 | Fee Schedule | \$34.61 |
| 20611 | DRAIN/INJ JOINT/BURSA W/US | Y | - | 4/1/2024 | Fee Schedule | \$57.92 |
| 20612 | ASPIRATE/INJ GANGLION CYST | Y | - | 4/1/2024 | Fee Schedule | \$38.61 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 20615 | TREATMENT OF BONE CYST | Y | - | 4/1/2024 | Fee Schedule | \$167.11 |
| 20650 | INSERT AND REMOVE BONE PIN | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 20660 | APPLY REM FIXATION DEVICE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 20662 | APPLICATION HALO PELVIC | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 20663 | APPLICATION HALO FEMORAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 20665 | RMVL TONGS/HALO ANTHR INDIV | - | - | 4/1/2024 | Fee Schedule | \$206.66 |
| 20670 | REMOVAL IMPLANT SUPERFICIAL | - | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 20680 | REMOVAL OF IMPLANT DEEP | - | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 20690 | APPL UNIPLN UNI EXT FIXJ SYS | Y | - | 4/1/2024 | Fee Schedule | \$4,632.81 |
| 20692 | APPL MLTPLN UNI EXT FIXJ SYS | Y | - | 4/1/2024 | Fee Schedule | \$8,186.13 |
| 20693 | ADJMT/REVJ EXT FIXJ SYS ANES | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 20694 | RMVL EXT FIXJ SYS UNDER ANES | - | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 20696 | APP MLTPLN UNI XTRNL FIX 1ST | Y | - | 4/1/2024 | Fee Schedule | \$11,956.83 |
| 20697 | APP MLTPLN UNI XTRNL FIX XCH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 20700 | MNL PREP&INSJ DP RX DLVR DEV | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| 20822 | REPLANTATION DIGIT COMPLETE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 20900 | REMOVAL OF BONE FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$5,077.76 |
| 20902 | REMOVAL OF BONE FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 20910 | REMOVE CARTILAGE FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| 20912 | REMOVE CARTILAGE FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 20920 | REMOVAL OF FASCIA FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 20922 | REMOVAL OF FASCIA FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 20924 | REMOVAL OF TENDON FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 20930 | SP BONE ALGRFT MORSEL ADD-ON | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| 20931 | SP BONE ALGRFT STRUCT ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 20932 | OSTEOART ALGRFT W/SURF & B1 | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 20933 | HEMICRT INTRCLRY ALGRFT PRTL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 20934 | INTERCALARY ALGRFT COMPL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 20936 | SP BONE AGRFT LOCAL ADD-ON | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| 20937 | SP BONE AGRFT MORSEL ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 20938 | SP BONE AGRFT STRUCT ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 20939 | BONE MARROW ASPIR BONE GRFG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 20950 | FLUID PRESSURE MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 20972 | BONE/SKIN GRAFT METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 20973 | BONE/SKIN GRAFT GREAT TOE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 20975 | ELECTRICAL BONE STIMULATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 20979 | US BONE STIMULATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 20982 | ABLATE BONE TUMOR(S) PERQ | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 20983 | ABLATE BONE TUMOR(S) PERQ | Y | - | 4/1/2024 | Fee Schedule | \$4,681.08 |
| 20985 | CPTR-ASST DIR MS PX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 21010 | INCISION OF JAW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21011 | EXC FACE LES SC <2 CM | Y | - | 4/1/2024 | Fee Schedule | \$259.64 |
| 21012 | EXC FACE LES SBQ 2 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 21013 | EXC FACE TUM DEEP < 2 CM | Y | - | 4/1/2024 | Fee Schedule | \$325.55 |
| 21014 | EXC FACE TUM DEEP 2 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21015 | RESECT FACE/SCALP TUM < 2 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21016 | RESECT FACE/SCALP TUM 2 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21025 | EXCISION OF BONE LOWER JAW | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21026 | EXCISION OF FACIAL BONE(S) | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21029 | CONTOUR OF FACE BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21030 | EXCISE MAX/ZYGOMA B9 TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$278.95 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 21031 | REMOVE EXOSTOSIS MANDIBLE | Y | - | 4/1/2024 | Fee Schedule | \$262.30 |
| 21032 | REMOVE EXOSTOSIS MAXILLA | Y | - | 4/1/2024 | Fee Schedule | \$249.99 |
| 21034 | EXCISE MAX/ZYGOMA MAL TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21040 | EXCISE MANDIBLE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21044 | REMOVAL OF JAW BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21046 | REMOVE MANDIBLE CYST COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21047 | EXCISE LWR JAW CYST W/REPAIR | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21048 | REMOVE MAXILLA CYST COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21049 | EXCIS UPPR JAW CYST W/REPAIR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21050 | REMOVAL OF JAW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21060 | REMOVE JAW JOINT CARTILAGE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21070 | REMOVE CORONOID PROCESS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21073 | MNPJ OF TMJ W/ANESTH | Y | - | 4/1/2024 | Fee Schedule | \$253.31 |
| 21076 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$373.49 |
| 21077 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$882.45 |
| 21079 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$634.79 |
| 21080 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$738.65 |
| 21081 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$694.71 |
| 21082 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$668.08 |
| 21083 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$654.77 |
| 21084 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$728.66 |
| 21085 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 21086 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$661.09 |
| 21087 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$661.09 |
| 21088 | PREPARE FACE/ORAL PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21100 | MAXILLOFACIAL FIXATION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21110 | INTERDENTAL FIXATION | - | - | 4/1/2024 | Fee Schedule | \$636.79 |
| 21116 | INJECTION JAW JOINT X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 21120 | RECONSTRUCTION OF CHIN | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21121 | RECONSTRUCTION OF CHIN | Y | Y | 4/1/2024 | Fee Schedule | \$2,007.81 |
| 21122 | RECONSTRUCTION OF CHIN | Y | Y | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 21123 | RECONSTRUCTION OF CHIN | Y | Y | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21125 | AUGMENTATION LOWER JAW BONE | Y | Y | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 21127 | AUGMENTATION LOWER JAW BONE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21137 | REDUCTION OF FOREHEAD | Y | Y | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21138 | REDUCTION OF FOREHEAD | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21139 | REDUCTION OF FOREHEAD | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21150 | LEFORT II ANTERIOR INTRUSION | Y | Y | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 21172 | RECONSTRUCT ORBIT/FOREHEAD | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21175 | RECONSTRUCT ORBIT/FOREHEAD | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21181 | CONTOUR CRANIAL BONE LESION | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21193 | RECONST LWR JAW W/O GRAFT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21194 | RECONST LWR JAW/GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21195 | RECONST LWR JAW W/O FIXATION | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 21198 | RECONSTR LWR JAW SEGMENT | Y | Y | 4/1/2024 | Fee Schedule | \$3,768.10 |
| 21199 | RECONSTR LWR JAW W/ADVANCE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21206 | RECONSTRUCT UPPER JAW BONE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21208 | AUGMENTATION OF FACIAL BONES | Y | Y | 4/1/2024 | Fee Schedule | \$1,212.00 |
| 21209 | REDUCTION OF FACIAL BONES | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21210 | FACE BONE GRAFT | Y | Y | 4/1/2024 | Fee Schedule | \$3,893.56 |
| 21215 | LOWER JAW BONE GRAFT | Y | Y | 4/1/2024 | Fee Schedule | \$3,770.88 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|-------------|
| 21230 | RIB CARTILAGE GRAFT | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21235 | EAR CARTILAGE GRAFT | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21240 | RECONSTRUCTION OF JAW JOINT | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21242 | RECONSTRUCTION OF JAW JOINT | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21243 | RECONSTRUCTION OF JAW JOINT | Y | Y | 4/1/2024 | Fee Schedule | \$12,783.72 |
| 21244 | RECONSTRUCTION OF LOWER JAW | Y | Y | 4/1/2024 | Fee Schedule | \$3,772.96 |
| 21245 | RECONSTRUCTION OF JAW | Y | Y | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 21246 | RECONSTRUCTION OF JAW | Y | Y | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 21248 | RECONSTRUCTION OF JAW | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21249 | RECONSTRUCTION OF JAW | Y | Y | 4/1/2024 | Fee Schedule | \$3,454.58 |
| 21256 | RECONSTRUCTION OF ORBIT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21260 | REVISE EYE SOCKETS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21261 | REVISE EYE SOCKETS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21263 | REVISE EYE SOCKETS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21267 | REVISE EYE SOCKETS | Y | - | 4/1/2024 | Fee Schedule | \$4,583.93 |
| 21270 | AUGMENTATION CHEEK BONE | Y | - | 4/1/2024 | Fee Schedule | \$4,520.85 |
| 21275 | REVISION ORBITOFACIAL BONES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21280 | REVISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21282 | REVISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21295 | REVISION OF JAW MUSCLE/BONE | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 21296 | REVISION OF JAW MUSCLE/BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21315 | CLSD TX NSL FX MNPJ WO STBLJ | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 21320 | CLSD TX NSL FX W/MNPJ&STABLJ | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21325 | OPEN TX NOSE FX UNCOMPLICATD | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21330 | OPEN TX NOSE FX W/SKELE FIXJ | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21335 | OPEN TX NOSE & SEPTAL FX | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21336 | OPEN TX SEPTAL FX W/WO STABJ | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 21337 | CLOSED TX SEPTAL&NOSE FX | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21338 | OPEN NASOETHMOID FX W/O FIXJ | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21339 | OPEN NASOETHMOID FX W/ FIXJ | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21340 | PERQ TX NASOETHMOID FX | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21345 | CLOSED TX NOSE/JAW FX | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 21346 | OPN TX NASOMAX FX W/FIXJ | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21355 | PERQ TX MALAR FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,673.16 |
| 21356 | OPN TX DPRSD ZYGOMATIC ARCH | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21360 | OPN TX DPRSD MALAR FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21365 | OPN TX COMPLX MALAR FX | Y | - | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 21385 | OPN TX ORBIT FX TRANSTRAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21386 | OPN TX ORBIT FX PERIORBITAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21387 | OPN TX ORBIT FX COMBINED | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21390 | OPN TX ORBIT PERIORBTL IMPLT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21395 | OPN TX ORBIT PERIORBT W/GRFT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21400 | CLOSED TX ORBIT W/O MANIPULJ | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 21401 | CLOSED TX ORBIT W/MANIPULJ | Y | - | 4/1/2024 | Fee Schedule | \$841.16 |
| 21406 | OPN TX ORBIT FX W/O IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21407 | OPN TX ORBIT FX W/IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21408 | OPN TX ORBIT FX W/BONE GRFT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21421 | TREAT MOUTH ROOF FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21440 | TREAT DENTAL RIDGE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$633.12 |
| 21445 | TREAT DENTAL RIDGE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,489.46 |
| 21450 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 21451 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 21452 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,511.87 |
| 21453 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,540.52 |
| 21454 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,493.39 |
| 21461 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,499.40 |
| 21462 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,673.61 |
| 21465 | TREAT LOWER JAW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 21470 | TREAT LOWER JAW FRACTURE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21480 | RESET DISLOCATED JAW | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 21485 | RESET DISLOCATED JAW | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 21490 | REPAIR DISLOCATED JAW | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 21497 | INTERDENTAL WIRING | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 21501 | DRAIN NECK/CHEST LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21502 | DRAIN CHEST LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 21550 | BIOPSY OF NECK/CHEST | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 21552 | EXC NECK LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21554 | EXC NECK TUM DEEP 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21555 | EXC NECK LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 21556 | EXC NECK TUM DEEP < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21557 | RESECT NECK THORAX TUMOR<5CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21558 | RESECT NECK TUMOR 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21600 | PARTIAL REMOVAL OF RIB | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 21601 | EXC CHEST WALL TUMOR W/RIBS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21610 | PARTIAL REMOVAL OF RIB | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 21685 | HYOID MYOTOMY & SUSPENSION | Y | - | 4/1/2024 | Fee Schedule | \$3,637.80 |
| 21700 | REVISION OF NECK MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 21720 | REVISION OF NECK MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 21725 | REVISION OF NECK MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 21742 | REPAIR STERN/NUSS W/O SCOPE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21743 | REPAIR STERNUM/NUSS W/SCOPE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 21820 | TREAT STERNUM FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 21920 | BIOPSY SOFT TISSUE OF BACK | Y | - | 4/1/2024 | Fee Schedule | \$176.42 |
| 21925 | BIOPSY SOFT TISSUE OF BACK | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 21930 | EXC BACK LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 21931 | EXC BACK LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 21932 | EXC BACK TUM DEEP < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21933 | EXC BACK TUM DEEP 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21935 | RESECT BACK TUM < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 21936 | RESECT BACK TUM 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 22100 | REMOVE PART OF NECK VERTEBRA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 22101 | REMOVE PART THORAX VERTEBRA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 22102 | REMOVE PART LUMBAR VERTEBRA | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 22103 | REMOVE EXTRA SPINE SEGMENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22310 | CLOSED TX VERT FX W/O MANJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 22315 | CLOSED TX VERT FX W/MANJ | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 22505 | MANIPULATION OF SPINE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 22510 | PERQ CERVICOTHORACIC INJECT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 22511 | PERQ LUMBOSACRAL INJECTION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 22512 | VERTEBROPLASTY ADDL INJECT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22513 | PERQ VERTEBRAL AUGMENTATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 22514 | PERQ VERTEBRAL AUGMENTATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 22515 | PERQ VERTEBRAL AUGMENTATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22526 | IDET SINGLE LEVEL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 22527 | IDET 1 OR MORE LEVELS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 22551 | ARTHRD ANT NTRBDY CERVICAL | Y | - | 4/1/2024 | Fee Schedule | \$8,863.95 |
| 22552 | ARTHRD ANT NTRBD CERVICAL EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22554 | ARTHRD ANT NTRBD MIN DSC CRV | Y | - | 4/1/2024 | Fee Schedule | \$8,683.34 |
| 22585 | ARTHRD ANT NTRBD MIN DSC EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22612 | ARTHRD PST TQ INTRSPC LUMBAR | Y | - | 4/1/2024 | Fee Schedule | \$13,521.32 |
| 22614 | ARTHRD PST TQ INTRSPC EA ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22840 | INSERT SPINE FIXATION DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22842 | INSERT SPINE FIXATION DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22845 | INSERT SPINE FIXATION DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22853 | INSJ BIOMECHANICAL DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22854 | INSJ BIOMECHANICAL DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22856 | TOT DISC ARTHRP INTRSPC CRV | Y | - | 4/1/2024 | Fee Schedule | \$13,187.45 |
| 22858 | TOT DISC ARTHRP 2ND LVL CRV | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22859 | INSJ BIOMECHANICAL DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22867 | INSJ STABLJ DEV W/DCMPRN | Y | - | 4/1/2024 | Fee Schedule | \$14,071.02 |
| 22868 | INSJ STABLJ DEV W/DCMPRN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22869 | INSJ STABLJ DEV W/O DCMPRN | Y | - | 4/1/2024 | Fee Schedule | \$10,501.41 |
| 22870 | INSJ STABLJ DEV W/O DCMPRN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 22900 | EXC ABDL TUM DEEP < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 22901 | EXC ABDL TUM DEEP 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 22902 | EXC ABD LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 22903 | EXC ABD LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 22904 | RADICAL RESECT ABD TUMOR<5CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 22905 | RAD RESECT ABD TUMOR 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23000 | REMOVAL OF CALCIUM DEPOSITS | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23020 | RELEASE SHOULDER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23030 | DRAIN SHOULDER LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23031 | DRAIN SHOULDER BURSA | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23035 | DRAIN SHOULDER BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23040 | EXPLORATORY SHOULDER SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23044 | EXPLORATORY SHOULDER SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23065 | BIOPSY SHOULDER TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$138.48 |
| 23066 | BIOPSY SHOULDER TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23071 | EXC SHOULDER LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 23073 | EXC SHOULDER TUM DEEP 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23075 | EXC SHOULDER LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 23076 | EXC SHOULDER TUM DEEP < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23077 | RESECT SHOULDER TUMOR < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23078 | RESECT SHOULDER TUMOR 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23100 | BIOPSY OF SHOULDER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23101 | SHOULDER JOINT SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23105 | REMOVE SHOULDER JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23106 | INCISION OF COLLARBONE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23107 | EXPLORE TREAT SHOULDER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23120 | PARTIAL REMOVAL COLLAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23125 | REMOVAL OF COLLAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23130 | REMOVE SHOULDER BONE PART | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23140 | REMOVAL OF BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 23145 | REMOVAL OF BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23146 | REMOVAL OF BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23150 | REMOVAL OF HUMERUS LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23155 | REMOVAL OF HUMERUS LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23156 | REMOVAL OF HUMERUS LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23170 | REMOVE COLLAR BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,085.30 |
| 23172 | REMOVE SHOULDER BLADE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23174 | REMOVE HUMERUS LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23180 | REMOVE COLLAR BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23182 | REMOVE SHOULDER BLADE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23184 | REMOVE HUMERUS LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23190 | PARTIAL REMOVAL OF SCAPULA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 23195 | REMOVAL OF HEAD OF HUMERUS | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 23330 | REMOVE SHOULDER FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 23333 | REMOVE SHOULDER FB DEEP | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23334 | SHOULDER PROSTHESIS REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23350 | INJECTION FOR SHOULDER X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 23395 | MUSCLE TRANSFER SHOULDER/ARM | Y | - | 4/1/2024 | Fee Schedule | \$4,246.93 |
| 23397 | MUSCLE TRANSFERS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23400 | FIXATION OF SHOULDER BLADE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23405 | INCISION OF TENDON & MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23406 | INCISE TENDON(S) & MUSCLE(S) | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23410 | REPAIR ROTATOR CUFF ACUTE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23412 | REPAIR ROTATOR CUFF CHRONIC | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23415 | RELEASE OF SHOULDER LIGAMENT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23420 | REPAIR OF SHOULDER | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23430 | REPAIR BICEPS TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,438.31 |
| 23440 | REMOVE/TRANSPLANT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,872.46 |
| 23450 | REPAIR SHOULDER CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23455 | REPAIR SHOULDER CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23460 | REPAIR SHOULDER CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 23462 | REPAIR SHOULDER CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23465 | REPAIR SHOULDER CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23466 | REPAIR SHOULDER CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23470 | RECONSTRUCT SHOULDER JOINT | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 23472 | RECONSTRUCT SHOULDER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$13,991.83 |
| 23473 | REVIS RECONST SHOULDER JOINT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 23480 | REVISION OF COLLAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23485 | REVISION OF COLLAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$8,574.54 |
| 23490 | REINFORCE CLAVICLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23491 | REINFORCE SHOULDER BONES | Y | - | 4/1/2024 | Fee Schedule | \$8,917.81 |
| 23500 | CLTX CLAVICULAR FX W/O MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23505 | CLTX CLAVICULAR FX W/MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23515 | OPTX CLAVICULAR FX W/INT FIX | Y | - | 4/1/2024 | Fee Schedule | \$4,460.17 |
| 23520 | CLTX STRNCLAV DISLC W/O MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23525 | CLTX STRNCLAV DISLC W/MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23530 | OPTX STRNCLAV DISLC AQT/CHRN | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23532 | OPTX STRCLV DSLC AQ/CHRN GRF | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23540 | CLTX ACROMCLAV DISLC WO MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23545 | CLTX ACROMCLAV DISLC W/MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23550 | OPTX ACROMCLV DISLC AQT/CHRN | Y | - | 4/1/2024 | Fee Schedule | \$4,422.12 |

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|-----------|------------------------------|--------------------|----|-----------|--------------|-------------|
| 23552 | OPTX ACRCLV DSLC AQ/CHRN GRF | Y | - | 4/1/2024 | Fee Schedule | \$4,639.63 |
| 23570 | CLTX SCAPULAR FX W/O MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23575 | CLTX SCAP FX W/MNPJ +-TRACTJ | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23585 | OPTX SCAPULAR FX W/INT FIXJ | Y | - | 4/1/2024 | Fee Schedule | \$4,488.57 |
| 23600 | CLTX PROX HUMRL FX W/O MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23605 | CLTX PRX HMRL FX MNPJ+-TRACT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23615 | OPTX PROX HUMRL FX W/INT FIX | Y | - | 4/1/2024 | Fee Schedule | \$8,862.32 |
| 23616 | OPTX PRX HMRL FX FIX RPR RPL | Y | - | 4/1/2024 | Fee Schedule | \$13,142.42 |
| 23620 | CLTX GR HMRL TBRS FX WO MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23625 | CLTX GR HMRL TBRS FX W/MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23630 | OPTX GR HMRL TBRS FX INT FIX | Y | - | 4/1/2024 | Fee Schedule | \$4,247.50 |
| 23650 | CLTX SHO DSLC W/MNPJ WO ANES | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 23655 | CLTX SHO DSLC W/MNPJ W/ANES | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23660 | OPTX ACUTE SHOULDER DISLC | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23665 | CLTX SHO DSLC FX GR HMRL TBR | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23670 | OPTX SHO DISLC FX | Y | - | 4/1/2024 | Fee Schedule | \$4,278.45 |
| 23675 | CLTX SHO DISLC NECK FX MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23680 | OPTX SHO DISLC NECK FX FIXJ | Y | - | 4/1/2024 | Fee Schedule | \$8,570.74 |
| 23700 | MNPJ ANES SHO JT FIXJ APRATS | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 23800 | ARTHRODESIS GLENOHUMERAL JT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 23802 | ARTHRD GLENOHUMERAL JT W/GRF | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 23921 | DISARTICULATION SHO SEC CLSR | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 23930 | I&D UPR A/E DP ABSO/HMTMA | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 23931 | I&D UPR A/E BURSA | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 23935 | INC DP OPN B1 CRTX HUM/ELBW | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24000 | ARTHRT ELBW EXPL DRG/RMVL FB | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24006 | ARTHRT ELBW CAPSL EXC RLS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24065 | BIOPSY ARM/ELBOW SOFT TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$178.76 |
| 24066 | BIOPSY ARM/ELBOW SOFT TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 24071 | EXC ARM/ELBOW LES SC 3 CM> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 24073 | EX ARM/ELBOW TUM DEEP 5 CM> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 24075 | EXC ARM/ELBOW LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 24076 | EX ARM/ELBOW TUM DEEP < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 24077 | RAD RESCJ TUM TISS A/E <5CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 24079 | RAD RESCJ TUM TISS A/E 5 CM+ | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 24100 | ARTHRT ELBW SYNOVIAL BX ONLY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24101 | ARTHRT ELBW JT EXPL BX RMVL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24102 | ARTHRT ELBOW W/SYNOVECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24105 | EXCISION OLECRANON BURSA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24110 | EXC/CRTG B1 CST/B9 TUM HUM | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24115 | EXC/CRTG B1 CST/TUM HUM AGRF | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24116 | EXC/CRTG B1 CST/TUM HUM ALGR | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 24120 | EXC/CRTG B1 CST/B9 TUM RDS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24125 | EXC/CRTG B1 CST/TUM RDS AGRF | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24126 | EXC/CRTG B1 CST/TUM RDS ALGR | Y | - | 4/1/2024 | Fee Schedule | \$5,203.83 |
| 24130 | EXCISION RADIAL HEAD | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24134 | SEQUESTRECTOMY SHFT/DSTL HUM | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24136 | SEQUESTRECTOMY RADIAL H/N | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24138 | SEQUESTRECTOMY OLECRN PROCES | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24140 | PARTIAL EXC BONE HUMERUS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24145 | PRTL EXC BONE RADIAL H/N | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 24147 | PRTL EXC BONE OLECRN PROCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24149 | RADICAL RESECTION OF ELBOW | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24150 | RAD RESCJ TUM DSTL/SHFT HUM | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 24152 | RAD RESECTION TUM RADIAL H/N | Y | - | 4/1/2024 | Fee Schedule | \$4,509.86 |
| 24155 | RESECTION OF ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24160 | RMVL PROSTHHUMRL&ULNAR CMPNT | - | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24164 | REMOVAL PROSTH RADIAL HEAD | - | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24200 | RMVL FB UPPER ARM/ELBW SUBQ | Y | - | 4/1/2024 | Fee Schedule | \$150.13 |
| 24201 | RMVL FB UPPER ARM/ELBW DEEP | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 24220 | INJECTION PX FOR ELBOW ARTHG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 24300 | MNPJ ELBOW UNDER ANES | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24301 | MUSC/TDN TRANSFER UPR A/E 1 | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24305 | TENDON LNGTH UPR A/E EA TDN | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24310 | TNOT OPN ELBW TO SHO EA TDN | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24320 | TENOPLASTY ELBOW TO SHO 1 | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24330 | FLEXOR-PLASTY ELBOW | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24331 | FLEXOR-PLASTY ELBW W/ADVMNT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24332 | TENOLYSIS TRICEPS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24340 | TENODESIS BICEPS TDN AT ELBW | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24341 | RPR TDN/MUSC UPR A/E EACH | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24342 | REPAIR OF RUPTURED TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24343 | REPR ELBOW LAT LIGMNT W/TISS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24344 | RECONSTRUCT ELBOW LAT LIGMNT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24345 | REPR ELBW MED LIGMNT W/TISSU | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24346 | RECONSTRUCT ELBOW MED LIGMNT | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 24357 | REPAIR ELBOW PERC | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24358 | REPAIR ELBOW W/DEB OPEN | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24359 | REPAIR ELBOW DEB/ATTCH OPEN | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24360 | RECONSTRUCT ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$5,522.70 |
| 24361 | RECONSTRUCT ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$13,758.12 |
| 24362 | RECONSTRUCT ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$9,038.58 |
| 24363 | REPLACE ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$13,653.31 |
| 24365 | RECONSTRUCT HEAD OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$9,595.64 |
| 24366 | RECONSTRUCT HEAD OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$9,579.32 |
| 24370 | REVISE RECONST ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$8,626.22 |
| 24371 | REVISE RECONST ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$12,424.23 |
| 24400 | REVISION OF HUMERUS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24410 | REVISION OF HUMERUS | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 24420 | REVISION OF HUMERUS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24430 | REPAIR OF HUMERUS | Y | - | 4/1/2024 | Fee Schedule | \$8,672.46 |
| 24435 | REPAIR HUMERUS WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$8,594.13 |
| 24470 | REVISION OF ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24495 | DECOMPRESSION OF FOREARM | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24498 | REINFORCE HUMERUS | Y | - | 4/1/2024 | Fee Schedule | \$8,708.37 |
| 24500 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 24505 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24515 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,455.40 |
| 24516 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,600.66 |
| 24530 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 24535 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24538 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 24545 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,879.73 |
| 24546 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$9,052.18 |
| 24560 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 24565 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24566 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24575 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,206.80 |
| 24576 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 24577 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24579 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,222.03 |
| 24582 | TREAT HUMERUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24586 | TREAT ELBOW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,694.23 |
| 24587 | TREAT ELBOW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$9,121.27 |
| 24600 | TREAT ELBOW DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 24605 | TREAT ELBOW DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24615 | TREAT ELBOW DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$4,941.18 |
| 24620 | TREAT ELBOW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24635 | TREAT ELBOW FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,403.67 |
| 24640 | TREAT ELBOW DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$60.58 |
| 24650 | TREAT RADIUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 24655 | TREAT RADIUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24665 | TREAT RADIUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24666 | TREAT RADIUS FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$9,469.98 |
| 24670 | TREAT ULNAR FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 24675 | TREAT ULNAR FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 24685 | TREAT ULNAR FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,319.62 |
| 24800 | FUSION OF ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 24802 | FUSION/GRAFT OF ELBOW JOINT | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 24925 | AMPUTATION FOLLOW-UP SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 24935 | REVISION OF AMPUTATION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 25000 | INCISION OF TENDON SHEATH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25001 | INCISE FLEXOR CARPI RADIALIS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25020 | DECOMPRESS FOREARM 1 SPACE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25023 | DECOMPRESS FOREARM 1 SPACE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25024 | DECOMPRESS FOREARM 2 SPACES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25025 | DECOMPRESS FOREARM 2 SPACES | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25028 | DRAINAGE OF FOREARM LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25031 | DRAINAGE OF FOREARM BURSA | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25035 | TREAT FOREARM BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25040 | EXPLORE/TREAT WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25065 | BIOPSY FOREARM SOFT TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$179.42 |
| 25066 | BIOPSY FOREARM SOFT TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 25071 | EXC FOREARM LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 25073 | EXC FOREARM TUM DEEP 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 25075 | EXC FOREARM LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 25076 | EXC FOREARM TUM DEEP < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 25077 | RESECT FOREARM/WRIST TUM<3CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 25078 | RESECT FORARM/WRIST TUM 3CM> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 25085 | INCISION OF WRIST CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25100 | BIOPSY OF WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25101 | EXPLORE/TREAT WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25105 | REMOVE WRIST JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 25107 | REMOVE WRIST JOINT CARTILAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25109 | EXCISE TENDON FOREARM/WRIST | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25110 | REMOVE WRIST TENDON LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25111 | REMOVE WRIST TENDON LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25112 | REREMOVE WRIST TENDON LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25115 | REMOVE WRIST/FOREARM LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25116 | REMOVE WRIST/FOREARM LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25118 | EXCISE WRIST TENDON SHEATH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25119 | PARTIAL REMOVAL OF ULNA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25120 | REMOVAL OF FOREARM LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25125 | REMOVE/GRAFT FOREARM LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25126 | REMOVE/GRAFT FOREARM LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,912.81 |
| 25130 | REMOVAL OF WRIST LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25135 | REMOVE & GRAFT WRIST LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25136 | REMOVE & GRAFT WRIST LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25145 | REMOVE FOREARM BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25150 | PARTIAL REMOVAL OF ULNA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25151 | PARTIAL REMOVAL OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25170 | RESECT RADIUS/ULNAR TUMOR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 25210 | REMOVAL OF WRIST BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25215 | REMOVAL OF WRIST BONES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25230 | PARTIAL REMOVAL OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25240 | PARTIAL REMOVAL OF ULNA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25246 | INJECTION FOR WRIST X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 25248 | REMOVE FOREARM FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25250 | REMOVAL OF WRIST PROSTHESIS | - | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25251 | REMOVAL OF WRIST PROSTHESIS | - | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25259 | MANIPULATE WRIST W/ANESTHES | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25260 | REPAIR FOREARM TENDON/MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25263 | REPAIR FOREARM TENDON/MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25265 | REPAIR FOREARM TENDON/MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25270 | REPAIR FOREARM TENDON/MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25272 | REPAIR FOREARM TENDON/MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25274 | REPAIR FOREARM TENDON/MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25275 | REPAIR FOREARM TENDON SHEATH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25280 | REVISE WRIST/FOREARM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25290 | INCISE WRIST/FOREARM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25295 | RELEASE WRIST/FOREARM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25300 | FUSION OF TENDONS AT WRIST | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25301 | FUSION OF TENDONS AT WRIST | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25310 | TRANSPLANT FOREARM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25312 | TRANSPLANT FOREARM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25315 | REVISE PALSY HAND TENDON(S) | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25316 | REVISE PALSY HAND TENDON(S) | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25320 | REPAIR/REVISE WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25332 | REVISE WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,955.26 |
| 25335 | REALIGNMENT OF HAND | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25337 | RECONSTRUCT ULNA/RADIOULNAR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25350 | REVISION OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$4,848.90 |
| 25355 | REVISION OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25360 | REVISION OF ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,376.12 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|-------------|
| 25365 | REVISE RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 25370 | REVISE RADIUS OR ULNA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25375 | REVISE RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25390 | SHORTEN RADIUS OR ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,491.69 |
| 25391 | LENGTHEN RADIUS OR ULNA | Y | - | 4/1/2024 | Fee Schedule | \$8,778.00 |
| 25392 | SHORTEN RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25393 | LENGTHEN RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,312.81 |
| 25394 | REPAIR CARPAL BONE SHORTEN | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25400 | REPAIR RADIUS OR ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,521.51 |
| 25405 | REPAIR/GRAFT RADIUS OR ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,477.21 |
| 25415 | REPAIR RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 25420 | REPAIR/GRAFT RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 25425 | REPAIR/GRAFT RADIUS OR ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,320.76 |
| 25426 | REPAIR/GRAFT RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$1,989.20 |
| 25430 | VASC GRAFT INTO CARPAL BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25431 | REPAIR NONUNION CARPAL BONE | Y | - | 4/1/2024 | Fee Schedule | \$4,681.08 |
| 25440 | REPAIR/GRAFT WRIST BONE | Y | - | 4/1/2024 | Fee Schedule | \$4,442.85 |
| 25441 | RECONSTRUCT WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$10,375.20 |
| 25442 | RECONSTRUCT WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$14,036.08 |
| 25443 | RECONSTRUCT WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,835.26 |
| 25444 | RECONSTRUCT WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$10,021.06 |
| 25445 | RECONSTRUCT WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,665.18 |
| 25446 | WRIST REPLACEMENT | Y | - | 4/1/2024 | Fee Schedule | \$14,350.54 |
| 25447 | REPAIR WRIST JOINTS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25449 | REMOVE WRIST JOINT IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25450 | REVISION OF WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25455 | REVISION OF WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25490 | REINFORCE RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25491 | REINFORCE ULNA | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 25492 | REINFORCE RADIUS AND ULNA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25500 | TREAT FRACTURE OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25505 | TREAT FRACTURE OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25515 | TREAT FRACTURE OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$4,420.99 |
| 25520 | TREAT FRACTURE OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25525 | TREAT FRACTURE OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$4,481.18 |
| 25526 | TREAT FRACTURE OF RADIUS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25530 | TREAT FRACTURE OF ULNA | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25535 | TREAT FRACTURE OF ULNA | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25545 | TREAT FRACTURE OF ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,258.00 |
| 25560 | TREAT FRACTURE RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25565 | TREAT FRACTURE RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25574 | TREAT FRACTURE RADIUS & ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 25575 | TREAT FRACTURE RADIUS/ULNA | Y | - | 4/1/2024 | Fee Schedule | \$4,561.54 |
| 25600 | TREAT FRACTURE RADIUS/ULNA | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25605 | TREAT FRACTURE RADIUS/ULNA | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25606 | TREAT FX DISTAL RADIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25607 | TREAT FX RAD EXTRA-ARTICUL | Y | - | 4/1/2024 | Fee Schedule | \$4,549.05 |
| 25608 | TREAT FX RAD INTRA-ARTICUL | Y | - | 4/1/2024 | Fee Schedule | \$4,597.60 |
| 25609 | TREAT FX RADIAL 3+ FRAG | Y | - | 4/1/2024 | Fee Schedule | \$4,603.56 |
| 25622 | TREAT WRIST BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25624 | TREAT WRIST BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |

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**Montana Healthcare Programs Fee Schedule
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 25628 | TREAT WRIST BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25630 | TREAT WRIST BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25635 | TREAT WRIST BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25645 | TREAT WRIST BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25650 | TREAT WRIST BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25651 | PIN ULNAR STYLOID FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25652 | TREAT FRACTURE ULNAR STYLOID | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 25660 | TREAT WRIST DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25670 | TREAT WRIST DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25671 | PIN RADIOULNAR DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25675 | TREAT WRIST DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25676 | TREAT WRIST DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25680 | TREAT WRIST FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 25685 | TREAT WRIST FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25690 | TREAT WRIST DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25695 | TREAT WRIST DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25800 | FUSION OF WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,696.42 |
| 25805 | FUSION/GRAFT OF WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,658.37 |
| 25810 | FUSION/GRAFT OF WRIST JOINT | Y | - | 4/1/2024 | Fee Schedule | \$8,705.11 |
| 25820 | FUSION OF HAND BONES | Y | - | 4/1/2024 | Fee Schedule | \$4,622.87 |
| 25825 | FUSE HAND BONES WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$4,396.29 |
| 25830 | FUSION RADIOULNAR JNT/ULNA | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 25907 | AMPUTATION FOLLOW-UP SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 25909 | AMPUTATION FOLLOW-UP SURGERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 25922 | AMPUTATE HAND AT WRIST | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 25929 | AMPUTATION FOLLOW-UP SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 25931 | AMPUTATION FOLLOW-UP SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26010 | DRAINAGE OF FINGER ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$103.84 |
| 26011 | DRAINAGE OF FINGER ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 26020 | DRAIN HAND TENDON SHEATH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26025 | DRAINAGE OF PALM BURSA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26030 | DRAINAGE OF PALM BURSAS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26034 | TREAT HAND BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26035 | DECOMPRESS FINGERS/HAND | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26037 | DECOMPRESS FINGERS/HAND | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26040 | RELEASE PALM CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26045 | RELEASE PALM CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26055 | INCISE FINGER TENDON SHEATH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26060 | INCISION OF FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26070 | EXPLORE/TREAT HAND JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26075 | EXPLORE/TREAT FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26080 | EXPLORE/TREAT FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26100 | BIOPSY HAND JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26105 | BIOPSY FINGER JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26110 | BIOPSY FINGER JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26111 | EXC HAND LES SC 1.5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 26113 | EXC HAND TUM DEEP 1.5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 26115 | EXC HAND LES SC < 1.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 26116 | EXC HAND TUM DEEP < 1.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 26117 | RAD RESECT HAND TUMOR < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 26118 | RAD RESECT HAND TUMOR 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 26121 | RELEASE PALM CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26123 | RELEASE PALM CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26125 | RELEASE PALM CONTRACTURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 26130 | REMOVE WRIST JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26135 | REVISE FINGER JOINT EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26140 | REVISE FINGER JOINT EACH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26145 | TENDON EXCISION PALM/FINGER | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26160 | REMOVE TENDON SHEATH LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26170 | REMOVAL OF PALM TENDON EACH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26180 | REMOVAL OF FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26185 | REMOVE FINGER BONE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26200 | REMOVE HAND BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26205 | REMOVE/GRAFT BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26210 | REMOVAL OF FINGER LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26215 | REMOVE/GRAFT FINGER LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26230 | PARTIAL REMOVAL OF HAND BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26235 | PARTIAL REMOVAL FINGER BONE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26236 | PARTIAL REMOVAL FINGER BONE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26250 | EXTENSIVE HAND SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26260 | RESECT PROX FINGER TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26262 | RESECT DISTAL FINGER TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26320 | REMOVAL OF IMPLANT FROM HAND | - | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 26340 | MANIPULATE FINGER W/ANESTH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26341 | MANIPULAT PALM CORD POST INJ | Y | - | 4/1/2024 | Fee Schedule | \$82.56 |
| 26350 | REPAIR FINGER/HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26352 | REPAIR/GRAFT HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26356 | REPAIR FINGER/HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26357 | REPAIR FINGER/HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26358 | REPAIR/GRAFT HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26370 | REPAIR FINGER/HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26372 | REPAIR/GRAFT HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26373 | REPAIR FINGER/HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26390 | REVISE HAND/FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,528.03 |
| 26392 | REPAIR/GRAFT HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26410 | REPAIR HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26412 | REPAIR/GRAFT HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26415 | EXCISION HAND/FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26416 | GRAFT HAND OR FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26418 | REPAIR FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26420 | REPAIR/GRAFT FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26426 | REPAIR FINGER/HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26428 | REPAIR/GRAFT FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26432 | REPAIR FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26433 | REPAIR FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26434 | REPAIR/GRAFT FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26437 | REALIGNMENT OF TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26440 | RELEASE PALM/FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26442 | RELEASE PALM & FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26445 | RELEASE HAND/FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26449 | RELEASE FOREARM/HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26450 | INCISION OF PALM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 26455 | INCISION OF FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26460 | INCISE HAND/FINGER TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26471 | FUSION OF FINGER TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26474 | FUSION OF FINGER TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26476 | TENDON LENGTHENING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26477 | TENDON SHORTENING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26478 | LENGTHENING OF HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26479 | SHORTENING OF HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26480 | TRANSPLANT HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26483 | TRANSPLANT/GRAFT HAND TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26485 | TRANSPLANT PALM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26489 | TRANSPLANT/GRAFT PALM TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26490 | REVISE THUMB TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26492 | TENDON TRANSFER WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26494 | HAND TENDON/MUSCLE TRANSFER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26496 | REVISE THUMB TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26497 | FINGER TENDON TRANSFER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26498 | FINGER TENDON TRANSFER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26499 | REVISION OF FINGER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26500 | HAND TENDON RECONSTRUCTION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26502 | HAND TENDON RECONSTRUCTION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26508 | RELEASE THUMB CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26510 | THUMB TENDON TRANSFER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26516 | FUSION OF KNUCKLE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,949.29 |
| 26517 | FUSION OF KNUCKLE JOINTS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26518 | FUSION OF KNUCKLE JOINTS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26520 | RELEASE KNUCKLE CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26525 | RELEASE FINGER CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26530 | REVISE KNUCKLE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,379.53 |
| 26531 | REVISE KNUCKLE WITH IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$4,605.27 |
| 26535 | REVISE FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26536 | REVISE/IMPLANT FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,449.38 |
| 26540 | REPAIR HAND JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26541 | REPAIR HAND JOINT WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,010.05 |
| 26542 | REPAIR HAND JOINT WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26545 | RECONSTRUCT FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26546 | REPAIR NONUNION HAND | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26548 | RECONSTRUCT FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26550 | CONSTRUCT THUMB REPLACEMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26555 | POSITIONAL CHANGE OF FINGER | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26560 | REPAIR OF WEB FINGER | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26561 | REPAIR OF WEB FINGER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26562 | REPAIR OF WEB FINGER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26565 | CORRECT METACARPAL FLAW | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26567 | CORRECT FINGER DEFORMITY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26568 | LENGTHEN METACARPAL/FINGER | Y | - | 4/1/2024 | Fee Schedule | \$4,569.77 |
| 26580 | REPAIR HAND DEFORMITY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26587 | RECONSTRUCT EXTRA FINGER | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26590 | REPAIR FINGER DEFORMITY | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26591 | REPAIR MUSCLES OF HAND | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26593 | RELEASE MUSCLES OF HAND | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 26596 | EXCISION CONSTRICTING TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26600 | TREAT METACARPAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26605 | TREAT METACARPAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26607 | TREAT METACARPAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26608 | TREAT METACARPAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26615 | TREAT METACARPAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26641 | TREAT THUMB DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26645 | TREAT THUMB FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26650 | TREAT THUMB FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26665 | TREAT THUMB FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26670 | TREAT HAND DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26675 | TREAT HAND DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26676 | PIN HAND DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26685 | TREAT HAND DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26686 | TREAT HAND DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26700 | TREAT KNUCKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26705 | TREAT KNUCKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26706 | PIN KNUCKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26715 | TREAT KNUCKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26720 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26725 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26727 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26735 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26740 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26742 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 26746 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26750 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26755 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26756 | PIN FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26765 | TREAT FINGER FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26770 | TREAT FINGER DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 26775 | TREAT FINGER DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 26776 | PIN FINGER DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26785 | TREAT FINGER DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26820 | THUMB FUSION WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26841 | FUSION OF THUMB | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26842 | THUMB FUSION WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26843 | FUSION OF HAND JOINT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26844 | FUSION/GRAFT OF HAND JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,649.00 |
| 26850 | FUSION OF KNUCKLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26852 | FUSION OF KNUCKLE WITH GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 26860 | FUSION OF FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26861 | FUSION OF FINGER JNT ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 26862 | FUSION/GRAFT OF FINGER JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26863 | FUSE/GRAFT ADDED JOINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 26910 | AMPUTATE METACARPAL BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26951 | AMPUTATION OF FINGER/THUMB | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26952 | AMPUTATION OF FINGER/THUMB | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26990 | DRAINAGE OF PELVIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 26991 | DRAINAGE OF PELVIS BURSA | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27000 | INCISION OF HIP TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 27001 | INCISION OF HIP TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27003 | INCISION OF HIP TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27006 | INCISION OF HIP TENDONS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 27027 | BUTTOCK FASCIOTOMY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 27033 | EXPLORATION OF HIP JOINT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27035 | DENERVATION OF HIP JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27040 | BIOPSY OF SOFT TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 27041 | BIOPSY OF SOFT TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 27043 | EXC HIP PELVIS LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27045 | EXC HIP/PELV TUM DEEP 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27047 | EXC HIP/PELVIS LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27048 | EXC HIP/PELV TUM DEEP < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27049 | RESECT HIP/PELV TUM < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27050 | BIOPSY OF SACROILIAC JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27052 | BIOPSY OF HIP JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27057 | BUTTOCK FASCIOTOMY W/DBRDMT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 27059 | RESECT HIP/PELV TUM 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27060 | REMOVAL OF ISCHIAL BURSA | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27062 | REMOVE FEMUR LESION/BURSA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27065 | REMOVE HIP BONE LES SUPER | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27066 | REMOVE HIP BONE LES DEEP | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27067 | REMOVE/GRAFT HIP BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27080 | REMOVAL OF TAIL BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27086 | REMOVE HIP FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27087 | REMOVE HIP FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27093 | INJECTION FOR HIP X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 27095 | INJECTION FOR HIP X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 27097 | REVISION OF HIP TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27098 | TRANSFER TENDON TO PELVIS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27100 | TRANSFER OF ABDOMINAL MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27105 | TRANSFER OF SPINAL MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27110 | TRANSFER OF ILIOPSOAS MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$4,528.32 |
| 27111 | TRANSFER OF ILIOPSOAS MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27130 | TOTAL HIP ARTHROPLASTY | Y | - | 4/1/2024 | Fee Schedule | \$9,237.69 |
| 27179 | REVISE HEAD/NECK OF FEMUR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 27197 | CLSD TX PELVIC RING FX | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27198 | CLSD TX PELVIC RING FX | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27200 | TREAT TAIL BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$120.17 |
| 27202 | TREAT TAIL BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27220 | TREAT HIP SOCKET FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27230 | TREAT THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27235 | TREAT THIGH FRACTURE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 27238 | TREAT THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27246 | TREAT THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27250 | TREAT HIP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27252 | TREAT HIP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27256 | TREAT HIP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27257 | TREAT HIP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27265 | TREAT HIP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27266 | TREAT HIP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27267 | CLTX THIGH FX | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 27275 | MANIPULATION OF HIP JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27278 | ARTHROSIJT PRQ WO TFXJ DEV | Y | - | 4/1/2024 | Fee Schedule | \$11,683.52 |
| 27279 | ARTHROSIJT PERQ/MIN NVAS | Y | - | 4/1/2024 | Fee Schedule | \$14,703.03 |
| 27301 | DRAIN THIGH/KNEE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27305 | INCISE THIGH TENDON & FASCIA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27306 | INCISION OF THIGH TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27307 | INCISION OF THIGH TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27310 | EXPLORATION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27323 | BIOPSY THIGH SOFT TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 27324 | BIOPSY THIGH SOFT TISSUES | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27325 | NEURECTOMY HAMSTRING | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 27326 | NEURECTOMY POPLITEAL | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 27327 | EXC THIGH/KNEE LES SC < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 27328 | EXC THIGH/KNEE TUM DEEP <5CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27329 | RESECT THIGH/KNEE TUM < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27330 | BIOPSY KNEE JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27331 | EXPLORE/TREAT KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27332 | REMOVAL OF KNEE CARTILAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27333 | REMOVAL OF KNEE CARTILAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27334 | REMOVE KNEE JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27335 | REMOVE KNEE JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27337 | EXC THIGH/KNEE LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27339 | EXC THIGH/KNEE TUM DEP 5CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27340 | REMOVAL OF KNEECAP BURSA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27345 | REMOVAL OF KNEE CYST | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27347 | REMOVE KNEE CYST | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27350 | REMOVAL OF KNEECAP | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27355 | REMOVE FEMUR LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27356 | REMOVE FEMUR LESION/GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$8,247.05 |
| 27357 | REMOVE FEMUR LESION/GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 27358 | REMOVE FEMUR LESION/FIXATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 27360 | PARTIAL REMOVAL LEG BONE(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27364 | RESECT THIGH/KNEE TUM 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27369 | NJX CNTRST KNE ARTHG/CT/MRI | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 27372 | REMOVAL OF FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27380 | REPAIR OF KNEECAP TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27381 | REPAIR/GRAFT KNEECAP TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,292.65 |
| 27385 | REPAIR OF THIGH MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27386 | REPAIR/GRAFT OF THIGH MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27390 | INCISION OF THIGH TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27391 | INCISION OF THIGH TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27392 | INCISION OF THIGH TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27393 | LENGTHENING OF THIGH TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27394 | LENGTHENING OF THIGH TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27395 | LENGTHENING OF THIGH TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27396 | TRANSPLANT OF THIGH TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27397 | TRANSPLANTS OF THIGH TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27400 | REVISE THIGH MUSCLES/TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27403 | REPAIR OF KNEE CARTILAGE | Y | - | 4/1/2024 | Fee Schedule | \$4,725.09 |
| 27405 | REPAIR OF KNEE LIGAMENT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27407 | REPAIR OF KNEE LIGAMENT | Y | - | 4/1/2024 | Fee Schedule | \$4,639.63 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 27409 | REPAIR OF KNEE LIGAMENTS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27412 | AUTOCHONDROCYTE IMPLANT KNEE | Y | - | 4/1/2024 | Fee Schedule | \$5,871.09 |
| 27415 | OSTEOCHONDRAL KNEE ALLOGRAFT | Y | - | 4/1/2024 | Fee Schedule | \$9,577.69 |
| 27416 | OSTEOCHONDRAL KNEE AUTOGRAFT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27418 | REPAIR DEGENERATED KNEECAP | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27420 | REVISION OF UNSTABLE KNEECAP | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27422 | REVISION OF UNSTABLE KNEECAP | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27424 | REVISION/REMOVAL OF KNEECAP | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27425 | LAT RETINACULAR RELEASE OPEN | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27427 | RECONSTRUCTION KNEE | Y | - | 4/1/2024 | Fee Schedule | \$4,486.30 |
| 27428 | RECONSTRUCTION KNEE | Y | - | 4/1/2024 | Fee Schedule | \$8,253.58 |
| 27429 | RECONSTRUCTION KNEE | Y | - | 4/1/2024 | Fee Schedule | \$8,551.15 |
| 27430 | REVISION OF THIGH MUSCLES | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27435 | INCISION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27437 | REVISE KNEECAP | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27438 | REVISE KNEECAP WITH IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$8,459.76 |
| 27440 | REVISION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$8,446.70 |
| 27441 | REVISION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| 27442 | REVISION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$8,698.58 |
| 27443 | REVISION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$8,710.55 |
| 27446 | REVISION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$8,905.30 |
| 27447 | TOTAL KNEE ARTHROPLASTY | Y | - | 4/1/2024 | Fee Schedule | \$9,048.37 |
| 27475 | SURGERY TO STOP LEG GROWTH | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27477 | SURGERY TO STOP LEG GROWTH | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 27479 | SURGERY TO STOP LEG GROWTH | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27485 | SURGERY TO STOP LEG GROWTH | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 27496 | DECOMPRESSION OF THIGH/KNEE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27497 | DECOMPRESSION OF THIGH/KNEE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27498 | DECOMPRESSION OF THIGH/KNEE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27499 | DECOMPRESSION OF THIGH/KNEE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27500 | TREATMENT OF THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27501 | TREATMENT OF THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27502 | TREATMENT OF THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27503 | TREATMENT OF THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27508 | TREATMENT OF THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27509 | TREATMENT OF THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,597.32 |
| 27510 | TREATMENT OF THIGH FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27516 | TREAT THIGH FX GROWTH PLATE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27517 | TREAT THIGH FX GROWTH PLATE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27520 | TREAT KNEECAP FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27524 | TREAT KNEECAP FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27530 | TREAT KNEE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27532 | TREAT KNEE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27538 | TREAT KNEE FRACTURE(S) | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27550 | TREAT KNEE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27552 | TREAT KNEE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27560 | TREAT KNEECAP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27562 | TREAT KNEECAP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27566 | TREAT KNEECAP DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27570 | FIXATION OF KNEE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27594 | AMPUTATION FOLLOW-UP SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 27600 | DECOMPRESSION OF LOWER LEG | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27601 | DECOMPRESSION OF LOWER LEG | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27602 | DECOMPRESSION OF LOWER LEG | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27603 | DRAIN LOWER LEG LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27604 | DRAIN LOWER LEG BURSA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27605 | INCISION OF ACHILLES TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27606 | INCISION OF ACHILLES TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27607 | TREAT LOWER LEG BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27610 | EXPLORE/TREAT ANKLE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27612 | EXPLORATION OF ANKLE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27613 | BIOPSY LOWER LEG SOFT TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$170.43 |
| 27614 | BIOPSY LOWER LEG SOFT TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27615 | RESECT LEG/ANKLE TUM < 5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27616 | RESECT LEG/ANKLE TUM 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27618 | EXC LEG/ANKLE TUM < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 27619 | EXC LEG/ANKLE TUM DEEP <5 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27620 | EXPLORE/TREAT ANKLE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27625 | REMOVE ANKLE JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27626 | REMOVE ANKLE JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27630 | REMOVAL OF TENDON LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27632 | EXC LEG/ANKLE LES SC 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27634 | EXC LEG/ANKLE TUM DEP 5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 27635 | REMOVE LOWER LEG BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27637 | REMOVE/GRAFT LEG BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$5,213.19 |
| 27638 | REMOVE/GRAFT LEG BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27640 | PARTIAL REMOVAL OF TIBIA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27641 | PARTIAL REMOVAL OF FIBULA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27647 | RESECT TALUS/CALCANEUS TUM | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27648 | INJECTION FOR ANKLE X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 27650 | REPAIR ACHILLES TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27652 | REPAIR/GRAFT ACHILLES TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,455.34 |
| 27654 | REPAIR OF ACHILLES TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 27656 | REPAIR LEG FASCIA DEFECT | Y | - | 4/1/2024 | Fee Schedule | \$2,138.81 |
| 27658 | REPAIR OF LEG TENDON EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27659 | REPAIR OF LEG TENDON EACH | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27664 | REPAIR OF LEG TENDON EACH | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27665 | REPAIR OF LEG TENDON EACH | Y | - | 4/1/2024 | Fee Schedule | \$4,420.99 |
| 27675 | REPAIR LOWER LEG TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27676 | REPAIR LOWER LEG TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27680 | RELEASE OF LOWER LEG TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27681 | RELEASE OF LOWER LEG TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27685 | REVISION OF LOWER LEG TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27686 | REVISE LOWER LEG TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27687 | REVISION OF CALF TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27690 | REVISE LOWER LEG TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27691 | REVISE LOWER LEG TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27692 | REVISE ADDITIONAL LEG TENDON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 27695 | REPAIR OF ANKLE LIGAMENT | Y | - | 4/1/2024 | Fee Schedule | \$4,438.60 |
| 27696 | REPAIR OF ANKLE LIGAMENTS | Y | - | 4/1/2024 | Fee Schedule | \$4,849.75 |
| 27698 | REPAIR OF ANKLE LIGAMENT | Y | - | 4/1/2024 | Fee Schedule | \$4,329.84 |
| 27700 | REVISION OF ANKLE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$5,186.22 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|-------------|
| 27702 | RECONSTRUCT ANKLE JOIN | Y | - | 4/1/2024 | Fee Schedule | \$14,454.58 |
| 27704 | REMOVAL OF ANKLE IMPLANT | - | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27705 | INCISION OF TIBIA | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 27707 | INCISION OF FIBULA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27709 | INCISION OF TIBIA & FIBULA | Y | - | 4/1/2024 | Fee Schedule | \$8,433.64 |
| 27720 | REPAIR OF TIBIA | Y | - | 4/1/2024 | Fee Schedule | \$4,552.74 |
| 27722 | REPAIR/GRAFT OF TIBIA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 27726 | REPAIR FIBULA NONUNION | Y | - | 4/1/2024 | Fee Schedule | \$4,574.03 |
| 27730 | REPAIR OF TIBIA EPIPHYSIS | Y | - | 4/1/2024 | Fee Schedule | \$1,912.81 |
| 27732 | REPAIR OF FIBULA EPIPHYSIS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27734 | REPAIR LOWER LEG EPIPHYSES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27740 | REPAIR OF LEG EPIPHYSES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27742 | REPAIR OF LEG EPIPHYSES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27745 | REINFORCE TIBIA | Y | - | 4/1/2024 | Fee Schedule | \$4,782.73 |
| 27750 | TREATMENT OF TIBIA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27752 | TREATMENT OF TIBIA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27756 | TREATMENT OF TIBIA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,596.47 |
| 27758 | TREATMENT OF TIBIA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,818.80 |
| 27759 | TREATMENT OF TIBIA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,557.14 |
| 27760 | CLTX MEDIAL ANKLE FX | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27762 | CLTX MED ANKLE FX W/MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27766 | OPTX MEDIAL ANKLE FX | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27767 | CLTX POST ANKLE FX | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27768 | CLTX POST ANKLE FX W/MNPJ | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27769 | OPTX POST ANKLE FX | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27780 | TREATMENT OF FIBULA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27781 | TREATMENT OF FIBULA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27784 | TREATMENT OF FIBULA FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27786 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27788 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27792 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,343.47 |
| 27808 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27810 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27814 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,382.65 |
| 27816 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27818 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27822 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,412.75 |
| 27823 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,384.93 |
| 27824 | TREAT LOWER LEG FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27825 | TREAT LOWER LEG FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27826 | TREAT LOWER LEG FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,439.16 |
| 27827 | TREAT LOWER LEG FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,749.71 |
| 27828 | TREAT LOWER LEG FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,655.60 |
| 27829 | TREAT LOWER LEG JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,549.05 |
| 27830 | TREAT LOWER LEG DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27831 | TREAT LOWER LEG DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27832 | TREAT LOWER LEG DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$4,509.01 |
| 27840 | TREAT ANKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 27842 | TREAT ANKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 27846 | TREAT ANKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27848 | TREAT ANKLE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 27860 | FIXATION OF ANKLE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27870 | FUSION OF ANKLE JOINT OPEN | Y | - | 4/1/2024 | Fee Schedule | \$9,293.18 |
| 27871 | FUSION OF TIBIOFIBULAR JOINT | Y | - | 4/1/2024 | Fee Schedule | \$8,191.02 |
| 27884 | AMPUTATION FOLLOW-UP SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27889 | AMPUTATION OF FOOT AT ANKLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27892 | DECOMPRESSION OF LEG | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 27893 | DECOMPRESSION OF LEG | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 27894 | DECOMPRESSION OF LEG | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28001 | DRAINAGE OF BURSA OF FOOT | Y | - | 4/1/2024 | Fee Schedule | \$98.53 |
| 28002 | TREATMENT OF FOOT INFECTION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28003 | TREATMENT OF FOOT INFECTION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28005 | TREAT FOOT BONE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28008 | INCISION OF FOOT FASCIA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28010 | INCISION OF TOE TENDON | Y | - | 4/1/2024 | Fee Schedule | \$128.82 |
| 28011 | INCISION OF TOE TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28020 | EXPLORATION OF FOOT JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28022 | EXPLORATION OF FOOT JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28024 | EXPLORATION OF TOE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28035 | DECOMPRESSION OF TIBIA NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 28039 | EXC FOOT/TOE TUM SC 1.5 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 28041 | EXC FOOT/TOE TUM DEP 1.5CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 28043 | EXC FOOT/TOE TUM SC < 1.5 CM | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 28045 | EXC FOOT/TOE TUM DEEP <1.5CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 28046 | RESECT FOOT/TOE TUMOR < 3 CM | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 28047 | RESECT FOOT/TOE TUMOR 3 CM/> | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 28050 | BIOPSY OF FOOT JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28052 | BIOPSY OF FOOT JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28054 | BIOPSY OF TOE JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28055 | NEURECTOMY FOOT | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 28060 | PARTIAL REMOVAL FOOT FASCIA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28062 | REMOVAL OF FOOT FASCIA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28070 | REMOVAL OF FOOT JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28072 | REMOVAL OF FOOT JOINT LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28080 | REMOVAL OF FOOT LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28086 | EXCISE FOOT TENDON SHEATH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28088 | EXCISE FOOT TENDON SHEATH | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28090 | REMOVAL OF FOOT LESION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28092 | REMOVAL OF TOE LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28100 | REMOVAL OF ANKLE/HEEL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28102 | REMOVE/GRAFT FOOT LESION | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 28103 | REMOVE/GRAFT FOOT LESION | Y | - | 4/1/2024 | Fee Schedule | \$4,653.82 |
| 28104 | REMOVAL OF FOOT LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28106 | REMOVE/GRAFT FOOT LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28107 | REMOVE/GRAFT FOOT LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28108 | REMOVAL OF TOE LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28110 | PART REMOVAL OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28111 | PART REMOVAL OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28112 | PART REMOVAL OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28113 | PART REMOVAL OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28114 | REMOVAL OF METATARSAL HEADS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28116 | REVISION OF FOOT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 28118 | REMOVAL OF HEEL BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28119 | REMOVAL OF HEEL SPUR | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28120 | PART REMOVAL OF ANKLE/HEEL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28122 | PARTIAL REMOVAL OF FOOT BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28124 | PARTIAL REMOVAL OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$295.93 |
| 28126 | PARTIAL REMOVAL OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28130 | REMOVAL OF ANKLE BONE | Y | - | 4/1/2024 | Fee Schedule | \$4,357.39 |
| 28140 | REMOVAL OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28150 | REMOVAL OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28153 | PARTIAL REMOVAL OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28160 | PARTIAL REMOVAL OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28171 | RESECT TARSAL TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28173 | RESECT METATARSAL TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28175 | RESECT PHALANX OF TOE TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28190 | REMOVAL OF FOOT FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$166.77 |
| 28192 | REMOVAL OF FOOT FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 28193 | REMOVAL OF FOOT FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 28200 | REPAIR OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28202 | REPAIR/GRAFT OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,430.93 |
| 28208 | REPAIR OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28210 | REPAIR/GRAFT OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$4,414.17 |
| 28220 | RELEASE OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$280.28 |
| 28222 | RELEASE OF FOOT TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28225 | RELEASE OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28226 | RELEASE OF FOOT TENDONS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28230 | INCISION OF FOOT TENDON(S) | Y | - | 4/1/2024 | Fee Schedule | \$272.62 |
| 28232 | INCISION OF TOE TENDON | Y | - | 4/1/2024 | Fee Schedule | \$249.32 |
| 28234 | INCISION OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28238 | REVISION OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28240 | RELEASE OF BIG TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28250 | REVISION OF FOOT FASCIA | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28260 | RELEASE OF MIDFOOT JOINT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28261 | REVISION OF FOOT TENDON | Y | - | 4/1/2024 | Fee Schedule | \$1,031.42 |
| 28262 | REVISION OF FOOT AND ANKLE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28264 | RELEASE OF MIDFOOT JOINT | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28270 | RELEASE OF FOOT CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28272 | RELEASE OF TOE JOINT EACH | Y | - | 4/1/2024 | Fee Schedule | \$241.00 |
| 28280 | FUSION OF TOES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28285 | REPAIR OF HAMMERTOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28286 | REPAIR OF HAMMERTOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28288 | PARTIAL REMOVAL OF FOOT BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28289 | CORRJ HALUX RIGDUS W/O IMPLT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28291 | CORRJ HALUX RIGDUS W/IMPLT | Y | - | 4/1/2024 | Fee Schedule | \$4,644.74 |
| 28292 | COR HLX VLGS RSC PRX PHLX BS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28295 | COR HLX VLGS PRX MTAR OSTEO | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28296 | COR HLX VLGS DSTL MTAR OSTEO | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28297 | COR HLX VLGS JT ARTHRD | Y | - | 4/1/2024 | Fee Schedule | \$4,899.44 |
| 28298 | COR HLX VLGS PRX PHLX OSTEO | Y | - | 4/1/2024 | Fee Schedule | \$4,292.36 |
| 28299 | COR HLX VLGS DOUBLE OSTEO | Y | - | 4/1/2024 | Fee Schedule | \$4,331.26 |
| 28300 | INCISION OF HEEL BONE | Y | - | 4/1/2024 | Fee Schedule | \$4,464.15 |
| 28302 | INCISION OF ANKLE BONE | Y | - | 4/1/2024 | Fee Schedule | \$4,282.71 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 28304 | INCISION OF MIDFOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28305 | INCISE/GRAFT MIDFOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$4,668.87 |
| 28306 | INCISION OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28307 | INCISION OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28308 | INCISION OF METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28309 | INCISION OF METATARSALS | Y | - | 4/1/2024 | Fee Schedule | \$4,343.47 |
| 28310 | REVISION OF BIG TOE | Y | - | 4/1/2024 | Fee Schedule | \$4,304.29 |
| 28312 | REVISION OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28313 | REPAIR DEFORMITY OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28315 | REMOVAL OF SESAMOID BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28320 | REPAIR OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$8,146.41 |
| 28322 | REPAIR OF METATARSALS | Y | - | 4/1/2024 | Fee Schedule | \$4,547.34 |
| 28340 | RESECT ENLARGED TOE TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28341 | RESECT ENLARGED TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28344 | REPAIR EXTRA TOE(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28345 | REPAIR WEBBED TOE(S) | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28360 | RECONSTRUCT CLEFT FOOT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 28400 | TREATMENT OF HEEL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28405 | TREATMENT OF HEEL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28406 | TREATMENT OF HEEL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28415 | TREAT HEEL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,476.93 |
| 28420 | TREAT/GRAFT HEEL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$8,663.22 |
| 28430 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28435 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28436 | TREATMENT OF ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28445 | TREAT ANKLE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,439.73 |
| 28446 | OSTEOCHONDRAL TALUS AUTOGRFT | Y | - | 4/1/2024 | Fee Schedule | \$5,112.96 |
| 28450 | TREAT MIDFOOT FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28455 | TREAT MIDFOOT FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$144.80 |
| 28456 | TREAT MIDFOOT FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28465 | TREAT MIDFOOT FRACTURE EACH | Y | - | 4/1/2024 | Fee Schedule | \$4,254.03 |
| 28470 | TREAT METATARSAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28475 | TREAT METATARSAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28476 | TREAT METATARSAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28485 | TREAT METATARSAL FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$4,383.79 |
| 28490 | TREAT BIG TOE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$102.19 |
| 28495 | TREAT BIG TOE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28496 | TREAT BIG TOE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28505 | TREAT BIG TOE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28510 | TREATMENT OF TOE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$81.55 |
| 28515 | TREATMENT OF TOE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$112.18 |
| 28525 | TREAT TOE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28530 | TREAT SESAMOID BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$79.56 |
| 28531 | TREAT SESAMOID BONE FRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28540 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28545 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28546 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28555 | REPAIR FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$4,401.68 |
| 28570 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28575 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28576 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 28585 | REPAIR FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$4,779.04 |
| 28600 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$119.50 |
| 28605 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$122.31 |
| 28606 | TREAT FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28615 | REPAIR FOOT DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$4,340.07 |
| 28630 | TREAT TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$90.21 |
| 28635 | TREAT TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 28636 | TREAT TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28645 | REPAIR TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28660 | TREAT TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$77.89 |
| 28665 | TREAT TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 28666 | TREAT TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28675 | REPAIR OF TOE DISLOCATION | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28705 | FUSION OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$12,690.55 |
| 28715 | FUSION OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$9,813.79 |
| 28725 | FUSION OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$8,998.87 |
| 28730 | FUSION OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$9,587.48 |
| 28735 | FUSION OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$9,488.47 |
| 28737 | REVISION OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$9,737.63 |
| 28740 | FUSION OF FOOT BONES | Y | - | 4/1/2024 | Fee Schedule | \$4,887.51 |
| 28750 | FUSION OF BIG TOE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,742.42 |
| 28755 | FUSION OF BIG TOE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 28760 | FUSION OF BIG TOE JOINT | Y | - | 4/1/2024 | Fee Schedule | \$4,272.77 |
| 28805 | AMPUTATION THRU METATARSAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 28810 | AMPUTATION TOE & METATARSAL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28820 | AMPUTATION OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28825 | PARTIAL AMPUTATION OF TOE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 28890 | HI ENRGY ESWT PLANTAR FASCIA | Y | - | 4/1/2024 | Fee Schedule | \$188.41 |
| 29000 | APPLICATION OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29010 | APPLICATION OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29015 | APPLICATION OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29035 | APPLICATION OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29040 | APPLICATION OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29044 | APPLICATION OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$81.73 |
| 29046 | APPLICATION OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29049 | APPLICATION OF FIGURE EIGHT | Y | - | 4/1/2024 | Fee Schedule | \$66.58 |
| 29055 | APPLICATION OF SHOULDER CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29058 | APPLICATION OF SHOULDER CAST | Y | - | 4/1/2024 | Fee Schedule | \$73.90 |
| 29065 | APPLICATION OF LONG ARM CAST | Y | - | 4/1/2024 | Fee Schedule | \$64.57 |
| 29075 | APPLICATION OF FOREARM CAST | Y | - | 4/1/2024 | Fee Schedule | \$58.92 |
| 29085 | APPLY HAND/WRIST CAST | Y | - | 4/1/2024 | Fee Schedule | \$63.91 |
| 29086 | APPLY FINGER CAST | Y | - | 4/1/2024 | Fee Schedule | \$55.59 |
| 29105 | APPLY LONG ARM SPLINT | Y | - | 4/1/2024 | Fee Schedule | \$52.60 |
| 29125 | APPLY FOREARM SPLINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29126 | APPLY FOREARM SPLINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29130 | APPLICATION OF FINGER SPLINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29131 | APPLICATION OF FINGER SPLINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29200 | STRAPPING OF CHEST | Y | - | 4/1/2024 | Fee Schedule | \$18.31 |
| 29240 | STRAPPING OF SHOULDER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29260 | STRAPPING OF ELBOW OR WRIST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29280 | STRAPPING OF HAND OR FINGER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 29305 | APPLICATION OF HIP CAST | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29325 | APPLICATION OF HIP CASTS | Y | - | 4/1/2024 | Fee Schedule | \$139.30 |
| 29345 | APPLICATION OF LONG LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$82.22 |
| 29355 | APPLICATION OF LONG LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$83.22 |
| 29358 | APPLY LONG LEG CAST BRACE | Y | - | 4/1/2024 | Fee Schedule | \$108.19 |
| 29365 | APPLICATION OF LONG LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$79.89 |
| 29405 | APPLY SHORT LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$50.93 |
| 29425 | APPLY SHORT LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$46.60 |
| 29435 | APPLY SHORT LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$79.22 |
| 29440 | ADDITION OF WALKER TO CAST | Y | - | 4/1/2024 | Fee Schedule | \$22.96 |
| 29445 | APPLY RIGID LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$63.24 |
| 29450 | APPLICATION OF LEG CAST | Y | - | 4/1/2024 | Fee Schedule | \$69.90 |
| 29505 | APPLICATION LONG LEG SPLINT | Y | - | 4/1/2024 | Fee Schedule | \$64.57 |
| 29515 | APPLICATION LOWER LEG SPLINT | Y | - | 4/1/2024 | Fee Schedule | \$45.60 |
| 29520 | STRAPPING OF HIP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29530 | STRAPPING OF KNEE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29540 | STRAPPING OF ANKLE AND/OR FT | Y | - | 4/1/2024 | Fee Schedule | \$13.98 |
| 29550 | STRAPPING OF TOES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29580 | APPLICATION OF PASTE BOOT | Y | - | 4/1/2024 | Fee Schedule | \$43.28 |
| 29581 | APPLY MULTLAY COMPRS LWR LEG | Y | - | 4/1/2024 | Fee Schedule | \$67.57 |
| 29584 | APPL MULTLAY COMPRS ARM/HAND | Y | - | 4/1/2024 | Fee Schedule | \$67.91 |
| 29700 | REMOVAL/REVISION OF CAST | Y | - | 4/1/2024 | Fee Schedule | \$42.61 |
| 29705 | REMOVAL/REVISION OF CAST | Y | - | 4/1/2024 | Fee Schedule | \$34.61 |
| 29710 | REMOVAL/REVISION OF CAST | Y | - | 4/1/2024 | Fee Schedule | \$70.91 |
| 29720 | REPAIR OF BODY CAST | Y | - | 4/1/2024 | Fee Schedule | \$60.91 |
| 29730 | WINDOWING OF CAST | Y | - | 4/1/2024 | Fee Schedule | \$36.62 |
| 29740 | WEDGING OF CAST | Y | - | 4/1/2024 | Fee Schedule | \$55.59 |
| 29750 | WEDGING OF CLUBFOOT CAST | Y | - | 4/1/2024 | Fee Schedule | \$57.92 |
| 29800 | JAW ARTHROSCOPY/SURGERY | Y | Y | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29804 | JAW ARTHROSCOPY/SURGERY | Y | Y | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29805 | SHO ARTHRS DX +- SYNOVIAL BX | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29806 | SHO ARTHRS SRG CAPSULORRAPHY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29807 | SHO ARTHRS SRG RPR SLAP LES | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29819 | SHO ARTHRS SRG RMVL LOOSE/FB | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29820 | SHO ARTHRS SRG PRTL SYNVT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29821 | SHO ARTHRS SRG COMPL SYNVT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29822 | SHO ARTHRS SRG LMTD DBRDMT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29823 | SHO ARTHRS SRG XTNSV DBRDMT | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29824 | SHO ARTHRS SRG DSTL CLAVICLC | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29825 | SHO ARTHRS SRG LSS&RESCJ ADS | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29826 | SHO ARTHRS SRG DECOMPRESSION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 29827 | SHO ARTHRS SRG RT8TR CUF RPR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29828 | SHO ARTHRS SRG BICP TENODSIS | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29830 | ELBOW ARTHROSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29834 | ELBOW ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29835 | ELBOW ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29836 | ELBOW ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29837 | ELBOW ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29838 | ELBOW ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29840 | WRIST ARTHROSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29843 | WRIST ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|-----------------------------|--------------------|----|-----------|--------------|-------------|
| 29844 | WRIST ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29845 | WRIST ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29846 | WRIST ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29847 | WRIST ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29848 | WRIST ENDOSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 29850 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 29851 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 29855 | TIBIAL ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$4,845.77 |
| 29856 | TIBIAL ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$10,498.14 |
| 29860 | HIP ARTHROSCOPY DX | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29861 | HIP ARTHRO W/FB REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29862 | HIP ARTHRO W/DEBRIDEMENT | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29863 | HIP ARTHRO W/SYNOVECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29866 | AUTGRFT IMPLNT KNEE W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29867 | ALLGRFT IMPLNT KNEE W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$9,712.06 |
| 29868 | MENISCAL TRNSPL KNEE W/SCPE | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 29870 | KNEE ARTHROSCOPY DX | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29871 | KNEE ARTHROSCOPY/DRAINAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29873 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29874 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29875 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29876 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29877 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29879 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29880 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29881 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29882 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29883 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29884 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29885 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$4,355.68 |
| 29886 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29887 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29888 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$4,496.80 |
| 29889 | KNEE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$8,186.13 |
| 29891 | ANKLE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29892 | ANKLE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29893 | SCOPE PLANTAR FASCIOTOMY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29894 | ANKLE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29895 | ANKLE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29897 | ANKLE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29898 | ANKLE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29899 | ANKLE ARTHROSCOPY/SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$4,498.22 |
| 29900 | MCP JOINT ARTHROSCOPY DX | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29901 | MCP JOINT ARTHROSCOPY SURG | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29902 | MCP JOINT ARTHROSCOPY SURG | Y | - | 4/1/2024 | Fee Schedule | \$818.94 |
| 29904 | SUBTALAR ARTHRO W/FB RMVL | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29905 | SUBTALAR ARTHRO W/EXC | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29906 | SUBTALAR ARTHRO W/DEB | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 29907 | SUBTALAR ARTHRO W/FUSION | Y | - | 4/1/2024 | Fee Schedule | \$8,595.76 |
| 29914 | HIP ARTHRO W/FEMOROPLASTY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 29915 | HIP ARTHRO ACETABULOPLASTY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 29916 | HIP ARTHRO W/LABRAL REPAIR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 30000 | DRAINAGE OF NOSE LESION | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 30020 | DRAINAGE OF NOSE LESION | Y | - | 4/1/2024 | Fee Schedule | \$214.37 |
| 30100 | INTRANASAL BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$105.52 |
| 30110 | REMOVAL OF NOSE POLYP(S) | Y | - | 4/1/2024 | Fee Schedule | \$186.41 |
| 30115 | REMOVAL OF NOSE POLYP(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30117 | REMOVAL OF INTRANASAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30118 | REMOVAL OF INTRANASAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30120 | REVISION OF NOSE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30124 | REMOVAL OF NOSE LESION | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 30125 | REMOVAL OF NOSE LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30130 | EXCISE INFERIOR TURBINATE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30140 | RESECT INFERIOR TURBINATE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30150 | PARTIAL REMOVAL OF NOSE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30160 | REMOVAL OF NOSE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30200 | INJECTION TREATMENT OF NOSE | Y | - | 4/1/2024 | Fee Schedule | \$81.23 |
| 30210 | NASAL SINUS THERAPY | Y | - | 4/1/2024 | Fee Schedule | \$109.52 |
| 30220 | INSERT NASAL SEPTAL BUTTON | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 30300 | REMOVE NASAL FOREIGN BODY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 30310 | REMOVE NASAL FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30320 | REMOVE NASAL FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 30400 | RECONSTRUCTION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30410 | RECONSTRUCTION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30420 | RECONSTRUCTION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30430 | REVISION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30435 | REVISION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30450 | REVISION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30460 | REVISION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30462 | REVISION OF NOSE | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30465 | REPAIR NASAL STENOSIS | Y | Y | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30468 | RPR NSL VLV COLLAPSE W/IMPLT | Y | - | 4/1/2024 | Fee Schedule | \$4,049.75 |
| 30469 | RPR NSL VLV COLLAPSE W/RMDLG | Y | - | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 30520 | REPAIR OF NASAL SEPTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30540 | RPR CHOANAL ATRESIA NTRANASL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30545 | RPR CHOANAL ATRESIA TRSNPLTN | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30560 | LYSIS INTRANASAL SYNECHIA | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 30580 | REPAIR UPPER JAW FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30600 | REPAIR MOUTH/NOSE FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30620 | INTRANASAL RECONSTRUCTION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 30630 | REPAIR NASAL SEPTUM DEFECT | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 30801 | ABLATE INF TURBINATE SUPERF | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 30802 | ABLATE INF TURBINATE SUBMUC | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 30901 | CONTROL OF NOSEBLEED | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 30903 | CONTROL OF NOSEBLEED | Y | - | 1/1/2024 | Fee Schedule | \$66.26 |
| 30905 | CONTROL OF NOSEBLEED | Y | - | 1/1/2024 | Fee Schedule | \$66.26 |
| 30906 | REPEAT CONTROL OF NOSEBLEED | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 30915 | LIGATION NASAL SINUS ARTERY | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 30920 | LIGATION UPPER JAW ARTERY | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 30930 | THER FX NASAL INF TURBINATE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31000 | IRRIGATION MAXILLARY SINUS | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 31002 | IRRIGATION SPHENOID SINUS | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|-------------------------------|--------------------|----|-----------|--------------|------------|
| 31020 | EXPLORATION MAXILLARY SINUS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31030 | EXPLORATION MAXILLARY SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31032 | EXPLORE SINUS REMOVE POLYPS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31040 | EXPLORATION BEHIND UPPER JAW | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31050 | EXPLORATION SPHENOID SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31051 | SPHENOID SINUS SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31070 | EXPLORATION OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31075 | EXPLORATION OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31080 | REMOVAL OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31081 | REMOVAL OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31084 | REMOVAL OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31085 | REMOVAL OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$3,569.87 |
| 31086 | REMOVAL OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31087 | REMOVAL OF FRONTAL SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31090 | EXPLORATION OF SINUSES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31200 | REMOVAL OF ETHMOID SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31201 | REMOVAL OF ETHMOID SINUS | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 31205 | REMOVAL OF ETHMOID SINUS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31231 | NASAL ENDOSCOPY DX | Y | - | 4/1/2024 | Fee Schedule | \$102.74 |
| 31233 | NSL/SINS NDSC DX MAX SINUSC | Y | - | 4/1/2024 | Fee Schedule | \$211.79 |
| 31235 | NSL/SINS NDSC DX SPHN SINUSC | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31237 | NSL/SINS NDSC SURG BX POLYPC | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31238 | NSL/SINS NDSC SRG NSL HEMRRG | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31239 | NSL/SINUS ENDOSCOPY SURG DCR | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31240 | NSL/SNS NDSC CNCH BULL RESCJ | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31241 | NSL/SNS NDSC LIG SPHNPTN ART | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 31242 | NSL/SINUS NDSC RF ABLTJ PNN | Y | - | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 31243 | NSL/SINUS NDSC CRYOABLTIJ PNN | Y | - | 4/1/2024 | Fee Schedule | \$3,671.07 |
| 31253 | NSL/SINS NDSC TOTAL | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31254 | NSL/SINS NDSC W/PRTL ETHMDCT | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31255 | NSL/SINS NDSC W/TOT ETHMDCT | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31256 | EXPLORATION MAXILLARY SINUS | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31257 | NSL/SINS NDSC TOT W/SPHENDT | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31259 | NSL/SINS NDSC SPHN TISS RMVL | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31267 | ENDOSCOPY MAXILLARY SINUS | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31276 | NSL/SINS NDSC FRNT TISS RMVL | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31287 | NASAL/SINUS ENDOSCOPY SURG | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31288 | NASAL/SINUS ENDOSCOPY SURG | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31292 | NSL/SINS NDSC MED/INF DCMPRN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31293 | NSL/SINS NDSC MED&INF DCMPRN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31294 | NSL/SINS NDSC SURG ON DCMPRN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31295 | NSL/SINS NDSC SURG MAX SINS | Y | - | 4/1/2024 | Fee Schedule | \$2,928.47 |
| 31296 | NSL/SINS NDSC SURG FRNT SINS | Y | - | 4/1/2024 | Fee Schedule | \$1,547.87 |
| 31297 | NSL/SINS NDSC SURG SPHN SINS | Y | - | 4/1/2024 | Fee Schedule | \$1,533.22 |
| 31298 | NSL/SINS NDSC SURG FRNT&SPHN | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31300 | REMOVAL OF LARYNX LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31400 | REVISION OF LARYNX | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31420 | REMOVAL OF EPIGLOTTIS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31500 | INSERT EMERGENCY AIRWAY | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 31502 | CHANGE OF WINDPIPE AIRWAY | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 31505 | DIAGNOSTIC LARYNGOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$66.91 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|-------------------------------|--------------------|----|-----------|--------------|------------|
| 31510 | LARYNGOSCOPY WITH BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31511 | REMOVE FOREIGN BODY LARYNX | Y | - | 4/1/2024 | Fee Schedule | \$102.74 |
| 31512 | REMOVAL OF LARYNX LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31513 | INJECTION INTO VOCAL CORD | Y | - | 4/1/2024 | Fee Schedule | \$211.79 |
| 31515 | LARYNGOSCOPY FOR ASPIRATION | Y | - | 4/1/2024 | Fee Schedule | \$211.79 |
| 31520 | DX LARYNGOSCOPY NEWBORN | Y | - | 4/1/2024 | Fee Schedule | \$211.79 |
| 31525 | DX LARYNGOSCOPY EXCL NB | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31526 | DX LARYNGOSCOPY W/OPER SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31527 | LARYNGOSCOPY FOR TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31528 | LARYNGOSCOPY AND DILATION | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31529 | LARYNGOSCOPY AND DILATION | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31530 | LARYNGOSCOPY W/FB REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31531 | LARYNGOSCOPY W/FB & OP SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31535 | LARYNGOSCOPY W/BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31536 | LARYNGOSCOPY W/BX & OP SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31540 | LARYNGOSCOPY W/EXC OF TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31541 | LARYNSCOP W/TUMR EXC + SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31545 | REMOVE VC LESION W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31546 | REMOVE VC LESION SCOPE/GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31551 | LARYNGOPLASTY LARYNGEAL STEN | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31552 | LARYNGOPLASTY LARYNGEAL STEN | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31553 | LARYNGOPLASTY LARYNGEAL STEN | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31554 | LARYNGOPLASTY LARYNGEAL STEN | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31560 | LARYNGOSCOP W/ARYTENOIDECTION | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31561 | LARYNSCOP REMVE CART + SCOP | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31570 | LARYNGOSCOPE W/VC INJ | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31571 | LARYNGOSCOP W/VC INJ + SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31572 | LARGSC W/LASER DSTRJ LES | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31573 | LARGSC W/THER INJECTION | Y | - | 4/1/2024 | Fee Schedule | \$195.40 |
| 31574 | LARGSC W/NJX AUGMENTATION | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31575 | DIAGNOSTIC LARYNGOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$93.20 |
| 31576 | LARYNGOSCOPY WITH BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31577 | LARGSC W/RMVL FOREIGN BDY(S) | Y | - | 4/1/2024 | Fee Schedule | \$211.79 |
| 31578 | LARGSC W/REMOVAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31579 | LARYNGOSCOPY TELESCOPIC | Y | - | 4/1/2024 | Fee Schedule | \$127.16 |
| 31580 | LARYNGOPLASTY LARYNGEAL WEB | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31584 | LARYNGOPLASTY FX RDCTJ FIXJ | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31587 | LARYNGOPLASTY CRICOID SPLIT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31590 | REINNERVATE LARYNX | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31591 | LARYNGOPLASTY MEDIALIZATION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31592 | CRICOTRACHEAL RESECTION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31600 | INCISION OF WINDPIPE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31601 | INCISION OF WINDPIPE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31603 | INCISION OF WINDPIPE | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 31605 | INCISION OF WINDPIPE | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 31610 | INCISION OF WINDPIPE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31611 | SURGERY/SPEECH PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31612 | PUNCTURE/CLEAR WINDPIPE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31613 | REPAIR WINDPIPE OPENING | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31614 | REPAIR WINDPIPE OPENING | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31615 | VISUALIZATION OF WINDPIPE | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 31622 | DX BRONCHOSCOPE/WASH | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31623 | DX BRONCHOSCOPE/BRUSH | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31624 | DX BRONCHOSCOPE/LAVAGE | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31625 | BRONCHOSCOPY W/BIOPSY(S) | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31626 | BRONCHOSCOPY W/MARKERS | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31627 | NAVIGATIONAL BRONCHOSCOPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 31628 | BRONCHOSCOPY/LUNG BX EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31629 | BRONCHOSCOPY/NEEDLE BX EACH | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31630 | BRONCHOSCOPY DILATE/FX REPR | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31631 | BRONCHOSCOPY DILATE W/STENT | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31632 | BRONCHOSCOPY/LUNG BX ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 31633 | BRONCHOSCOPY/NEEDLE BX ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 31634 | BRONCH W/BALLOON OCCLUSION | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31635 | BRONCHOSCOPY W/FB REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31636 | BRONCHOSCOPY BRONCH STENTS | Y | - | 4/1/2024 | Fee Schedule | \$3,076.68 |
| 31637 | BRONCHOSCOPY STENT ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 31638 | BRONCHOSCOPY REVISE STENT | Y | - | 4/1/2024 | Fee Schedule | \$2,300.81 |
| 31640 | BRONCHOSCOPY W/TUMOR EXCISE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31641 | BRONCHOSCOPY TREAT BLOCKAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31643 | DIAG BRONCHOSCOPE/CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31645 | BRNCHSC W/THER ASPIR 1ST | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31646 | BRNCHSC W/THER ASPIR SBSQ | Y | - | 4/1/2024 | Fee Schedule | \$211.79 |
| 31647 | BRONCHIAL VALVE INIT INSERT | Y | - | 4/1/2024 | Fee Schedule | \$2,898.17 |
| 31648 | BRONCHIAL VALVE REMOV INIT | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31649 | BRONCHIAL VALVE REMOV ADDL | - | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31651 | BRONCHIAL VALVE ADDL INSERT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 31652 | BRONCH EBUS SAMPLNG 1/2 NODE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31653 | BRONCH EBUS SAMPLNG 3/> NODE | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| 31654 | BRONCH EBUS IVNTJ PERPH LES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 31660 | BRONCH THERMOPLSTY 1 LOBE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31661 | BRONCH THERMOPLSTY 2/> LOBES | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31717 | BRONCHIAL BRUSH BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$211.79 |
| 31720 | CLEARANCE OF AIRWAYS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 31730 | INTRO WINDPIPE WIRE/TUBE | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 31750 | REPAIR OF WINDPIPE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31755 | REPAIR OF WINDPIPE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 31785 | REMOVE WINDPIPE LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 31820 | CLOSURE OF WINDPIPE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31825 | REPAIR OF WINDPIPE DEFECT | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 31830 | REVISE WINDPIPE SCAR | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 32400 | NEEDLE BIOPSY CHEST LINING | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 32408 | CORE NDL BX LNG/MED PERQ | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 32550 | INSERT PLEURAL CATH | Y | - | 4/1/2024 | Fee Schedule | \$2,120.01 |
| 32551 | INSERTION OF CHEST TUBE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32552 | REMOVE LUNG CATHETER | - | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 32553 | INS MARK THOR FOR RT PERQ | - | - | 4/1/2024 | Fee Schedule | \$718.69 |
| 32554 | ASPIRATE PLEURA W/O IMAGING | Y | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 32555 | ASPIRATE PLEURA W/ IMAGING | Y | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 32556 | INSERT CATH PLEURA W/O IMAGE | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 32557 | INSERT CATH PLEURA W/ IMAGE | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 32560 | TREAT PLEURODESIS W/AGENT | - | - | 1/1/2022 | Not Allowed | \$0.00 |

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**Montana Healthcare Programs Fee Schedule
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 32561 | LYSE CHEST FIBRIN INIT DAY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32562 | LYSE CHEST FIBRIN SUBQ DAY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32601 | THORACOSCOPY DIAGNOSTIC | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32604 | THORACOSCOPY WBX SAC | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32606 | THORACOSCOPY W/BX MED SPACE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32607 | THORACOSCOPY W/BX INFILTRATE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32608 | THORACOSCOPY W/BX NODULE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32609 | THORACOSCOPY W/BX PLEURA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 32960 | THERAPEUTIC PNEUMOTHORAX | Y | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 32994 | ABLATE PULM TUMOR PERQ CRYBL | Y | - | 4/1/2024 | Fee Schedule | \$6,121.67 |
| 32998 | ABLATE PULM TUMOR PERQ RF | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 33016 | PERICARDIOCENTESIS W/IMAGING | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 33206 | INSERT HEART PM ATRIAL | Y | - | 4/1/2024 | Fee Schedule | \$7,217.85 |
| 33207 | INSERT HEART PM VENTRICULAR | Y | - | 4/1/2024 | Fee Schedule | \$7,414.85 |
| 33208 | INSRT HEART PM ATRIAL & VENT | Y | - | 4/1/2024 | Fee Schedule | \$7,632.56 |
| 33210 | INSERT ELECTRD/PM CATH SNGL | Y | - | 4/1/2024 | Fee Schedule | \$5,762.48 |
| 33211 | INSERT CARD ELECTRODES DUAL | Y | - | 4/1/2024 | Fee Schedule | \$7,230.34 |
| 33212 | INSERT PULSE GEN SNGL LEAD | Y | - | 4/1/2024 | Fee Schedule | \$6,311.03 |
| 33213 | INSERT PULSE GEN DUAL LEADS | Y | - | 4/1/2024 | Fee Schedule | \$7,581.83 |
| 33214 | UPGRADE OF PACEMAKER SYSTEM | Y | - | 4/1/2024 | Fee Schedule | \$7,656.66 |
| 33215 | REPOSITION PACING-DEFIB LEAD | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 33216 | INSERT 1 ELECTRODE PM-DEFIB | Y | - | 4/1/2024 | Fee Schedule | \$5,639.85 |
| 33217 | INSERT 2 ELECTRODE PM-DEFIB | Y | - | 4/1/2024 | Fee Schedule | \$5,427.07 |
| 33218 | REPAIR LEAD PACE-DEFIB ONE | Y | - | 4/1/2024 | Fee Schedule | \$2,036.84 |
| 33220 | REPAIR LEAD PACE-DEFIB DUAL | Y | - | 4/1/2024 | Fee Schedule | \$2,659.94 |
| 33221 | INSERT PULSE GEN MULT LEADS | Y | - | 4/1/2024 | Fee Schedule | \$13,040.93 |
| 33222 | RELOCATION POCKET PACEMAKER | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 33223 | RELOCATE POCKET FOR DEFIB | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 33224 | INSERT PACING LEAD & CONNECT | Y | - | 4/1/2024 | Fee Schedule | \$7,717.53 |
| 33225 | L VENTRIC PACING LEAD ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 33226 | REPOSITION L VENTRIC LEAD | Y | - | 4/1/2024 | Fee Schedule | \$1,949.43 |
| 33227 | REMOVE&REPLACE PM GEN SINGL | Y | - | 4/1/2024 | Fee Schedule | \$6,292.28 |
| 33228 | REMV&REPLC PM GEN DUAL LEAD | Y | - | 4/1/2024 | Fee Schedule | \$7,459.66 |
| 33229 | REMV&REPLC PM GEN MULT LEADS | Y | - | 4/1/2024 | Fee Schedule | \$12,856.81 |
| 33230 | INSRT PULSE GEN W/DUAL LEADS | Y | - | 4/1/2024 | Fee Schedule | \$19,023.06 |
| 33231 | INSRT PULSE GEN W/MULT LEADS | Y | - | 4/1/2024 | Fee Schedule | \$25,160.06 |
| 33233 | REMOVAL OF PM GENERATOR | - | - | 4/1/2024 | Fee Schedule | \$5,576.38 |
| 33234 | REMOVAL OF PACEMAKER SYSTEM | - | - | 4/1/2024 | Fee Schedule | \$2,688.07 |
| 33235 | REMOVAL PACEMAKER ELECTRODE | - | - | 4/1/2024 | Fee Schedule | \$2,036.84 |
| 33240 | INSRT PULSE GEN W/SINGL LEAD | Y | - | 4/1/2024 | Fee Schedule | \$19,824.55 |
| 33241 | REMOVE PULSE GENERATOR | - | - | 4/1/2024 | Fee Schedule | \$2,036.84 |
| 33244 | REMOVE ELCTRD TRANSVENOUSLY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 33249 | INSJ/RPLCMT DEFIB W/LEAD(S) | Y | - | 4/1/2024 | Fee Schedule | \$24,821.30 |
| 33262 | RMVL& REPLC PULSE GEN 1 LEAD | Y | - | 4/1/2024 | Fee Schedule | \$19,129.31 |
| 33263 | RMVL & RPLCMT DFB GEN 2 LEAD | Y | - | 4/1/2024 | Fee Schedule | \$19,112.11 |
| 33264 | RMVL & RPLCMT DFB GEN MLT LD | Y | - | 4/1/2024 | Fee Schedule | \$25,004.31 |
| 33270 | INS/REP SUBQ DEFIBRILLATOR | Y | - | 4/1/2024 | Fee Schedule | \$25,149.67 |
| 33271 | INSJ SUBQ IMPLTBL DFB ELCTRD | Y | - | 4/1/2024 | Fee Schedule | \$6,124.21 |
| 33272 | RMVL OF SUBQ DEFIBRILLATOR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 33273 | REPOS PREV IMPLTBL SUBQ DFB | Y | - | 4/1/2024 | Fee Schedule | \$2,036.84 |
| 33274 | TCAT INSJ/RPL PERM LDLS PM | Y | - | 4/1/2024 | Fee Schedule | \$13,159.70 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 33275 | TCAT RMVL PERM LDLS PM W/IMG | Y | - | 4/1/2024 | Fee Schedule | \$2,308.41 |
| 33276 | INSJ PHRNC NRV STIM SYS | - | - | 4/1/2024 | Fee Schedule | \$40,567.68 |
| 33277 | INSJ PHRNC NRV STIM TRANSVNS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 33278 | RMVL PHRNC NRV STIM SYS | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 33279 | RMVL PHRNC NRV STIM TRANSVNS | Y | - | 4/1/2024 | Fee Schedule | \$2,390.38 |
| 33280 | RMVL PHRNC NRV STIM PG ONLY | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 33281 | REPOSG PHRNC NRV STIM TRNSVN | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 33285 | INSJ SUBQ CAR RHYTHM MNTR | Y | - | 4/1/2024 | Fee Schedule | \$6,898.17 |
| 33286 | RMVL SUBQ CAR RHYTHM MNTR | - | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 33287 | RMV&RPLCMT PHRNC NRV STIM PG | Y | - | 4/1/2024 | Fee Schedule | \$24,160.28 |
| 33288 | RMV&RPLCMT PHRNC NRV STIM LD | Y | - | 4/1/2024 | Fee Schedule | \$10,969.01 |
| 33289 | TCAT IMPL WRLS P-ART PRS SNR | Y | - | 4/1/2024 | Fee Schedule | \$24,690.69 |
| 33419 | REPAIR TCAT MITRAL VALVE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 33508 | ENDOSCOPIC VEIN HARVEST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 33866 | AORTIC HEMIARCH GRAFT | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 33900 | PERQ P-ART REVSC 1 NM NT UNI | Y | - | 4/1/2024 | Fee Schedule | \$6,104.51 |
| 33901 | PERQ P-ART REVSC 1 NM NT BI | Y | - | 4/1/2024 | Fee Schedule | \$6,104.51 |
| 33902 | PERQ P-ART REVSC 1 ABNOR UNI | Y | - | 4/1/2024 | Fee Schedule | \$9,905.00 |
| 33903 | PERQ P-ART REVSC 1 ABNOR BI | Y | - | 4/1/2024 | Fee Schedule | \$6,104.51 |
| 33927 | IMPLTJ TOT RPLCMT HRT SYS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 34101 | REMOVAL OF ARTERY CLOT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34111 | REMOVAL OF ARM ARTERY CLOT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34201 | REMOVAL OF ARTERY CLOT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34203 | REMOVAL OF LEG ARTERY CLOT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34421 | REMOVAL OF VEIN CLOT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34471 | REMOVAL OF VEIN CLOT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34490 | REMOVAL OF VEIN CLOT | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 34501 | REPAIR VALVE FEMORAL VEIN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34510 | TRANSPOSITION OF VEIN VALVE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34520 | CROSS-OVER VEIN GRAFT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34530 | LEG VEIN FUSION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 34713 | PERQ ACCESS & CLSR FEM ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 34714 | OPN FEM ART EXPOS CNDT CRTJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 34715 | OPN AX/SUBCLA ART EXPOS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 34716 | OPN AX/SUBCLA ART EXPOS CNDT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 35011 | REPAIR DEFECT OF ARTERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35045 | REPAIR DEFECT OF ARM ARTERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35180 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35184 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35188 | REPAIR BLOOD VESSEL LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 35190 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35201 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35206 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35207 | REPAIR BLOOD VESSEL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 35226 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35231 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35236 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35256 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35261 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35266 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35286 | REPAIR BLOOD VESSEL LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|-------------------------------|--------------------|----|-----------|---------------------|------------|
| 35321 | RECHANNELING OF ARTERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35572 | HARVEST FEMOROPLOPLITEAL VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 35860 | EXPLORE LIMB VESSELS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35875 | REMOVAL OF CLOT IN GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 35876 | REMOVAL OF CLOT IN GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 35879 | REVISE GRAFT W/VEIN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35881 | REVISE GRAFT W/VEIN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35883 | REVJ FEM ANAST NONAUTOG GRF | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35884 | REVJ FEM ANAST AUTOG VN GRF | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 35903 | EXCISION GRAFT EXTREMITY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 36000 | PLACE NEEDLE IN VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36002 | PSEUDOANEURYSM INJECTION TRT | Y | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 36005 | INJECTION EXT VENOGRAPHY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36010 | PLACE CATHETER IN VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36011 | PLACE CATHETER IN VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36012 | PLACE CATHETER IN VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36013 | PLACE CATHETER IN ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36014 | PLACE CATHETER IN ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36015 | PLACE CATHETER IN ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36100 | ESTABLISH ACCESS TO ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36140 | INTRO NDL ICATH UPR/LXTR ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36160 | ESTABLISH ACCESS TO AORTA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36200 | PLACE CATHETER IN AORTA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36215 | PLACE CATHETER IN ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36216 | PLACE CATHETER IN ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36217 | PLACE CATHETER IN ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36218 | PLACE CATHETER IN ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36221 | PLACE CATH THORACIC AORTA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36222 | PLACE CATH CAROTID/INOM ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36223 | PLACE CATH CAROTID/INOM ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36224 | PLACE CATH CAROTD ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36225 | PLACE CATH SUBCLAVIAN ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36226 | PLACE CATH VERTEBRAL ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36227 | PLACE CATH XTRNL CAROTID | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36228 | PLACE CATH INTRACRANIAL ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36245 | INS CATH ABD/L-EXT ART 1ST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36246 | INS CATH ABD/L-EXT ART 2ND | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36247 | INS CATH ABD/L-EXT ART 3RD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36248 | INS CATH ABD/L-EXT ART ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36251 | INS CATH REN ART 1ST UNILAT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36252 | INS CATH REN ART 1ST BILAT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36253 | INS CATH REN ART 2ND+ UNILAT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36254 | INS CATH REN ART 2ND+ BILAT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36260 | INSERTION OF INFUSION PUMP | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36261 | REVISION OF INFUSION PUMP | Y | - | 4/1/2024 | Fee Schedule | \$2,820.02 |
| 36262 | REMOVAL OF INFUSION PUMP | - | - | 4/1/2024 | Fee Schedule | \$2,036.84 |
| 36400 | BL DRAW < 3 YRS FEM/JUGULAR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36405 | BL DRAW <3 YRS SCALP VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36406 | BL DRAW <3 YRS OTHER VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36410 | NON-ROUTINE BL DRAW 3/> YRS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36415 | ROUTINE VENIPUNCTURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 36416 | COLLJ CAPILLARY BLOOD SPEC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36420 | VENIPUNCTURE CUTDOWN < 1 YR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36425 | VENIPUNCTURE CUTDOWN 1 YR/> | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36430 | TRANSFUSION BLD/BLD COMPNT | - | - | 4/1/2024 | Fee Schedule | \$41.27 |
| 36440 | BLD PUSH TFUJ 2 YR/< | - | - | 4/1/2024 | Fee Schedule | \$225.16 |
| 36450 | BLD EXCHANGE TRUJ NEWBORN | - | - | 4/1/2024 | Fee Schedule | \$225.16 |
| 36455 | BLD EXCHANGE TRUJ OTH THN NB | - | - | 4/1/2024 | Fee Schedule | \$225.16 |
| 36460 | INTRAUTERINE TRANSFUSION FTL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 36465 | NJX NONCMPND SCLRSNT 1 VEIN | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 36466 | NJX NONCMPND SCLRSNT MLT VN | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 36468 | NJX SCLRSNT SPIDER VEINS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 36469 | INJECTION(S) SPIDER VEINS | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 36470 | NJX SCLRSNT 1 INCMPTNT VEIN | Y | - | 4/1/2024 | Fee Schedule | \$85.22 |
| 36471 | NJX SCLRSNT MLT INCMPTNT VN | Y | - | 4/1/2024 | Fee Schedule | \$139.48 |
| 36473 | ENDOVENOUS MCHNCHEM 1ST VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,045.23 |
| 36474 | ENDOVENOUS MCHNCHEM ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36475 | ENDOVENOUS RF 1ST VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36476 | ENDOVENOUS RF VEIN ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36478 | ENDOVENOUS LASER 1ST VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36479 | ENDOVENOUS LASER VEIN ADDON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36481 | INSERTION OF CATHETER VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36482 | ENDOVEN THER CHEM ADHES 1ST | Y | - | 4/1/2024 | Fee Schedule | \$1,499.61 |
| 36483 | ENDOVEN THER CHEM ADHES SBSQ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36500 | INSERTION OF CATHETER VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36510 | INSERTION OF CATHETER VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36511 | APHERESIS WBC | - | - | 4/1/2024 | Fee Schedule | \$795.82 |
| 36512 | APHERESIS RBC | - | - | 4/1/2024 | Fee Schedule | \$795.82 |
| 36513 | APHERESIS PLATELETS | - | - | 4/1/2024 | Fee Schedule | \$225.16 |
| 36514 | APHERESIS PLASMA | - | - | 4/1/2024 | Fee Schedule | \$795.82 |
| 36516 | APHERESIS IMMUNOADS SLCTV | - | - | 4/1/2024 | Fee Schedule | \$1,710.64 |
| 36522 | PHOTOPHERESIS | - | - | 4/1/2024 | Fee Schedule | \$2,400.33 |
| 36555 | INSERT NON-TUNNEL CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36556 | INSERT NON-TUNNEL CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36557 | INSERT TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36558 | INSERT TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36560 | INSERT TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36561 | INSERT TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36563 | INSERT TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$4,842.99 |
| 36565 | INSERT TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36566 | INSERT TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36568 | INSJ PICC <5 YR W/O IMAGING | Y | - | 4/1/2024 | Fee Schedule | \$777.00 |
| 36569 | INSJ PICC 5 YR+ W/O IMAGING | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36570 | INSERT PICVAD CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,949.43 |
| 36571 | INSERT PICVAD CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36572 | INSJ PICC RS&I <5 YR | Y | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 36573 | INSJ PICC RS&I 5 YR+ | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36575 | REPAIR TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 36576 | REPAIR TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36578 | REPLACE TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,984.02 |
| 36580 | REPLACE CVAD CATH | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36581 | REPLACE TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,942.69 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 36582 | REPLACE TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36583 | REPLACE TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$4,995.07 |
| 36584 | COMPL RPLCMT PICC RS&I | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36585 | REPLACE PICVAD CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36589 | REMOVAL TUNNELED CV CATH | - | - | 4/1/2024 | Fee Schedule | \$325.84 |
| 36590 | REMOVAL TUNNELED CV CATH | - | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36591 | DRAW BLOOD OFF VENOUS DEVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36592 | COLLECT BLOOD FROM PICC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36593 | DECLOT VASCULAR DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$33.95 |
| 36595 | MECH REMOV TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,949.17 |
| 36596 | MECH REMOV TUNNELED CV CATH | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36597 | REPOSITION VENOUS CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36598 | INJ W/FLUOR EVAL CV DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$91.21 |
| 36600 | WITHDRAWAL OF ARTERIAL BLOOD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36620 | INSERTION CATHETER ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36625 | INSERTION CATHETER ARTERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36640 | INSERTION CATHETER ARTERY | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36680 | INSERT NEEDLE BONE CAVITY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36800 | INSERTION OF CANNULA | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36810 | INSERTION OF CANNULA | Y | - | 4/1/2024 | Fee Schedule | \$1,957.98 |
| 36815 | INSERTION OF CANNULA | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36818 | AV FUSE UPPR ARM CEPHALIC | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36819 | AV FUSE UPPR ARM BASILIC | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36820 | AV FUSION/FOREARM VEIN | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36821 | AV FUSION DIRECT ANY SITE | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 36825 | ARTERY-VEIN AUTOGRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36830 | ARTERY-VEIN NONAUTOGRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36831 | OPEN THROMBECT AV FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36832 | AV FISTULA REVISION OPEN | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36833 | AV FISTULA REVISION | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 36835 | ARTERY TO VEIN SHUNT | Y | - | 4/1/2024 | Fee Schedule | \$2,197.39 |
| 36836 | PRQ AV FSTL CRTJ UXTR 1 ACS | Y | - | 4/1/2024 | Fee Schedule | \$10,440.80 |
| 36837 | PRQ AV FSTL CRT UXTR SEP ACS | Y | - | 4/1/2024 | Fee Schedule | \$11,474.88 |
| 36838 | DIST REVAS LIGATION HEMO | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 36860 | EXTERNAL CANNULA DECLOTTING | Y | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 36861 | CANNULA DECLOTTING | Y | - | 4/1/2024 | Fee Schedule | \$4,078.90 |
| 36901 | INTRO CATH DIALYSIS CIRCUIT | Y | - | 4/1/2024 | Fee Schedule | \$563.22 |
| 36902 | INTRO CATH DIALYSIS CIRCUIT | Y | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| 36903 | INTRO CATH DIALYSIS CIRCUIT | Y | - | 4/1/2024 | Fee Schedule | \$6,925.59 |
| 36904 | THRMBC/NFS DIALYSIS CIRCUIT | Y | - | 4/1/2024 | Fee Schedule | \$3,220.88 |
| 36905 | THRMBC/NFS DIALYSIS CIRCUIT | Y | - | 4/1/2024 | Fee Schedule | \$6,102.48 |
| 36906 | THRMBC/NFS DIALYSIS CIRCUIT | Y | - | 4/1/2024 | Fee Schedule | \$11,280.04 |
| 36907 | BALO ANGIOP CTR DIALYSIS SEG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36908 | STENT PLMT CTR DIALYSIS SEG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 36909 | DIALYSIS CIRCUIT EMBOLJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37183 | REVISION TIPS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37184 | PRIM ART M-THRMBC 1ST VSL | Y | - | 4/1/2024 | Fee Schedule | \$10,109.71 |
| 37185 | PRIM ART M-THRMBC SBSQ VSL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37186 | SEC ART THROMBECTOMY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37187 | VENOUS MECH THROMBECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$7,263.51 |
| 37188 | VEN MECHNL THRMBC REPEAT TX | Y | - | 4/1/2024 | Fee Schedule | \$2,565.69 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 37191 | INS ENDOVAS VENA CAVA FILTR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37192 | REDO ENDOVAS VENA CAVA FILTR | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 37193 | REM ENDOVAS VENA CAVA FILTER | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37195 | THROMBOLYTIC THERAPY STROKE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37197 | REMOVE INTRVASC FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,984.15 |
| 37200 | TRANSCATHETER BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 37211 | THROMBOLYTIC ART THERAPY | Y | - | 4/1/2024 | Fee Schedule | \$3,655.92 |
| 37212 | THROMBOLYTIC VENOUS THERAPY | Y | - | 4/1/2024 | Fee Schedule | \$1,963.03 |
| 37213 | THROMBLYTIC ART/VEN THERAPY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37214 | CESSJ THERAPY CATH REMOVAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37220 | ILIAC REVASC | Y | - | 4/1/2024 | Fee Schedule | \$3,272.67 |
| 37221 | ILIAC REVASC W/STENT | Y | - | 4/1/2024 | Fee Schedule | \$6,766.97 |
| 37222 | ILIAC REVASC ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37223 | ILIAC REVASC W/STENT ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37224 | FEM/POPL REVAS W/TLA | Y | - | 4/1/2024 | Fee Schedule | \$3,450.04 |
| 37225 | FEM/POPL REVAS W/ATHER | Y | - | 4/1/2024 | Fee Schedule | \$11,686.17 |
| 37226 | FEM/POPL REVASC W/STENT | Y | - | 4/1/2024 | Fee Schedule | \$7,023.76 |
| 37227 | FEM/POPL REVASC STNT & ATHER | Y | - | 4/1/2024 | Fee Schedule | \$11,863.24 |
| 37228 | TIB/PER REVASC W/TLA | Y | - | 4/1/2024 | Fee Schedule | \$6,329.25 |
| 37229 | TIB/PER REVASC W/ATHER | Y | - | 4/1/2024 | Fee Schedule | \$11,087.84 |
| 37230 | TIB/PER REVASC W/STENT | Y | - | 4/1/2024 | Fee Schedule | \$10,727.79 |
| 37231 | TIB/PER REVASC STENT & ATHER | Y | - | 4/1/2024 | Fee Schedule | \$11,971.19 |
| 37232 | TIB/PER REVASC ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37233 | TIBPER REVASC W/ATHER ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37234 | REVSC OPN/PRQ TIB/PERO STENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37235 | TIB/PER REVASC STNT & ATHER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37236 | OPEN/PERQ PLACE STENT 1ST | Y | - | 4/1/2024 | Fee Schedule | \$6,610.79 |
| 37237 | OPEN/PERQ PLACE STENT EA ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37238 | OPEN/PERQ PLACE STENT SAME | Y | - | 4/1/2024 | Fee Schedule | \$6,694.76 |
| 37239 | OPEN/PERQ PLACE STENT EA ADD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37241 | VASC EMBOLIZE/OCCLUDE VENOUS | Y | - | 4/1/2024 | Fee Schedule | \$6,104.51 |
| 37242 | VASC EMBOLIZE/OCCLUDE ARTERY | Y | - | 4/1/2024 | Fee Schedule | \$11,277.42 |
| 37243 | VASC EMBOLIZE/OCCLUDE ORGAN | Y | - | 4/1/2024 | Fee Schedule | \$4,846.92 |
| 37244 | VASC EMBOLIZE/OCCLUDE BLEED | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37246 | TRLUML BALO ANGIOP 1ST ART | Y | - | 4/1/2024 | Fee Schedule | \$3,277.96 |
| 37247 | TRLUML BALO ANGIOP ADDL ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37248 | TRLUML BALO ANGIOP 1ST VEIN | Y | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| 37249 | TRLUML BALO ANGIOP ADDL VEIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37252 | INTRVASC US NONCORONARY 1ST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37253 | INTRVASC US NONCORONARY ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 37500 | ENDOSCOPY LIGATE PERF VEINS | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 37565 | LIGATION OF NECK VEIN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37600 | LIGATION OF NECK ARTERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37605 | LIGATION OF NECK ARTERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37606 | LIGATION OF NECK ARTERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37607 | LIGATION OF A-V FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37609 | TEMPORAL ARTERY PROCEDURE | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 37615 | LIGATION OF NECK ARTERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37619 | LIGATION OF INF VENA CAVA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 37650 | REVISION OF MAJOR VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37700 | REVISE LEG VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 37718 | LIGATE/STRIP SHORT LEG VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37722 | LIGATE/STRIP LONG LEG VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37735 | REMOVAL OF LEG VEINS/LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37760 | LIGATE LEG VEINS RADICAL | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37761 | LIGATE LEG VEINS OPEN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37765 | STAB PHLEB VEINS XTR 10-20 | Y | - | 4/1/2024 | Fee Schedule | \$221.70 |
| 37766 | PHLEB VEINS - EXTREM 20+ | Y | - | 4/1/2024 | Fee Schedule | \$246.66 |
| 37780 | REVISION OF LEG VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37785 | LIGATE/DIVIDE/EXCISE VEIN | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 37790 | PENILE VENOUS OCCLUSION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 38120 | LAPAROSCOPY SPLENECTOMY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38200 | INJECTION FOR SPLEEN X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 38204 | BL DONOR SEARCH MANAGEMENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 38205 | HARVEST ALLOGENEIC STEM CELL | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 38206 | HARVEST AUTO STEM CELLS | - | Y | 4/1/2024 | Fee Schedule | \$795.82 |
| 38207 | CRYOPRESERVE STEM CELLS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38208 | THAW PRESERVED STEM CELLS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38209 | WASH HARVEST STEM CELLS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38210 | T-CELL DEPLETION OF HARVEST | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38211 | TUMOR CELL DEplete OF HARVST | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38212 | RBC DEPLETION OF HARVEST | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38213 | PLATELET DEplete OF HARVEST | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38214 | VOLUME DEplete OF HARVEST | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38215 | HARVEST STEM CELL CONCENTRTE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38220 | DX BONE MARROW ASPIRATIONS | Y | - | 4/1/2024 | Fee Schedule | \$113.85 |
| 38221 | DX BONE MARROW BIOPSIES | Y | - | 4/1/2024 | Fee Schedule | \$116.50 |
| 38222 | DX BONE MARROW BX & ASPIR | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 38230 | BONE MARROW HARVEST ALLOGEN | - | Y | 4/1/2024 | Fee Schedule | \$795.82 |
| 38232 | BONE MARROW HARVEST AUTOLOG | - | - | 4/1/2024 | Fee Schedule | \$2,400.33 |
| 38240 | TRANSPLT ALLO HCT/DONOR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38241 | TRANSPLT AUTOL HCT/DONOR | - | Y | 4/1/2024 | Fee Schedule | \$795.82 |
| 38242 | TRANSPLT ALLO LYMPHOCYTES | - | Y | 4/1/2024 | Fee Schedule | \$795.82 |
| 38243 | TRANSPLJ HEMATOPOIETIC BOOST | - | - | 4/1/2024 | Fee Schedule | \$795.82 |
| 38300 | DRAINAGE LYMPH NODE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 38305 | DRAINAGE LYMPH NODE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 38308 | INCISION OF LYMPH CHANNELS | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38500 | BIOPSY/REMOVAL LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38505 | NEEDLE BIOPSY LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 38510 | BIOPSY/REMOVAL LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38520 | BIOPSY/REMOVAL LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38525 | BIOPSY/REMOVAL LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38530 | BIOPSY/REMOVAL LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38531 | OPEN BX/EXC INGUINOFEM NODES | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38542 | EXPLORE DEEP NODE(S) NECK | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 38550 | REMOVAL NECK/ARMPIT LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,469.30 |
| 38555 | REMOVAL NECK/ARMPIT LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 38570 | LAPAROSCOPY LYMPH NODE BIOP | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 38571 | LAPAROSCOPY LYMPHADENECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 38572 | LAPAROSCOPY LYMPHADENECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 38573 | LAPS PELVIC LYMPHADEC | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 38700 | REMOVAL OF LYMPH NODES NECK | Y | - | 4/1/2024 | Fee Schedule | \$2,535.69 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 38720 | REMOVAL OF LYMPH NODES NECK | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 38740 | REMOVE ARMPIT LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 38745 | REMOVE ARMPIT LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 38760 | REMOVE GROIN LYMPH NODES | Y | - | 4/1/2024 | Fee Schedule | \$2,535.69 |
| 38790 | INJECT FOR LYMPHATIC X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 38792 | RA TRACER ID OF SENTINL NODE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 38794 | ACCESS THORACIC LYMPH DUCT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 38900 | IO MAP OF SENT LYMPH NODE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 39401 | MEDIASTINOSCPY W/MEDSTNL BX | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 39402 | MEDIASTINOSCPY W/LMPH NOD BX | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 40490 | BIOPSY OF LIP | Y | - | 4/1/2024 | Fee Schedule | \$77.56 |
| 40500 | PARTIAL EXCISION OF LIP | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40510 | PARTIAL EXCISION OF LIP | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40520 | PARTIAL EXCISION OF LIP | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40525 | RECONSTRUCT LIP WITH FLAP | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40527 | RECONSTRUCT LIP WITH FLAP | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40530 | PARTIAL REMOVAL OF LIP | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40650 | RPR LIP FTH VERMILION ONLY | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 40652 | RPR LIP FTH<HALF VER HEIGHT | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 40654 | RPR LIP FTH>1HALF VER HT/CPX | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 40700 | REPAIR CLEFT LIP/NASAL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40701 | REPAIR CLEFT LIP/NASAL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40702 | REPAIR CLEFT LIP/NASAL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40720 | REPAIR CLEFT LIP/NASAL | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40761 | REPAIR CLEFT LIP/NASAL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40800 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$157.11 |
| 40801 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 40804 | REMOVAL FOREIGN BODY MOUTH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 40805 | REMOVAL FOREIGN BODY MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$183.08 |
| 40806 | INCISION OF LIP FOLD | Y | - | 4/1/2024 | Fee Schedule | \$87.87 |
| 40808 | BIOPSY OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$130.49 |
| 40810 | EXCISION OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$166.44 |
| 40812 | EXCISE/REPAIR MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$189.74 |
| 40814 | EXCISE/REPAIR MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40816 | EXCISION OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 40818 | EXCISE ORAL MUCOSA FOR GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 40819 | EXCISE LIP OR CHEEK FOLD | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 40820 | TREATMENT OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$210.05 |
| 40830 | REPAIR MOUTH LACERATION | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 40831 | REPAIR MOUTH LACERATION | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 40840 | RECONSTRUCTION OF MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40842 | RECONSTRUCTION OF MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40843 | RECONSTRUCTION OF MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40844 | RECONSTRUCTION OF MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 40845 | RECONSTRUCTION OF MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 41000 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$95.54 |
| 41005 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 41006 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 41007 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 41008 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41009 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 41010 | INCISION OF TONGUE FOLD | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 41015 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 41016 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 41017 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41018 | DRAINAGE OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 41019 | PLACE NEEDLES H&N FOR RT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 41100 | BIOPSY OF TONGUE | Y | - | 4/1/2024 | Fee Schedule | \$134.48 |
| 41105 | BIOPSY OF TONGUE | Y | - | 4/1/2024 | Fee Schedule | \$133.48 |
| 41108 | BIOPSY OF FLOOR OF MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$127.16 |
| 41110 | EXCISION OF TONGUE LESION | Y | - | 4/1/2024 | Fee Schedule | \$171.43 |
| 41112 | EXCISION OF TONGUE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41113 | EXCISION OF TONGUE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41114 | EXCISION OF TONGUE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41115 | EXCISION OF TONGUE FOLD | Y | - | 4/1/2024 | Fee Schedule | \$194.07 |
| 41116 | EXCISION OF MOUTH LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41120 | PARTIAL REMOVAL OF TONGUE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 41250 | REPAIR TONGUE LACERATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 41251 | REPAIR TONGUE LACERATION | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 41252 | REPAIR TONGUE LACERATION | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 41510 | TONGUE TO LIP SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41512 | TONGUE SUSPENSION | Y | - | 4/1/2024 | Fee Schedule | \$3,476.76 |
| 41520 | RECONSTRUCTION TONGUE FOLD | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41530 | TONGUE BASE VOL REDUCTION | Y | - | 4/1/2024 | Fee Schedule | \$776.93 |
| 41800 | DRAINAGE OF GUM LESION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 41805 | REMOVAL FOREIGN BODY GUM | Y | - | 4/1/2024 | Fee Schedule | \$257.65 |
| 41806 | REMOVAL FOREIGN BODY JAWBONE | Y | - | 4/1/2024 | Fee Schedule | \$304.92 |
| 41820 | EXCISION GUM EACH QUADRANT | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 41821 | EXCISION OF GUM FLAP | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 41822 | EXCISION OF GUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$260.64 |
| 41823 | EXCISION OF GUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$382.81 |
| 41825 | EXCISION OF GUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$168.76 |
| 41826 | EXCISION OF GUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$210.05 |
| 41827 | EXCISION OF GUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 41828 | EXCISION OF GUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$230.01 |
| 41830 | REMOVAL OF GUM TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$333.87 |
| 41850 | TREATMENT OF GUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 41870 | GUM GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 41872 | REPAIR GUM | Y | - | 4/1/2024 | Fee Schedule | \$354.52 |
| 41874 | REPAIR TOOTH SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$265.97 |
| 42000 | DRAINAGE MOUTH ROOF LESION | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 42100 | BIOPSY ROOF OF MOUTH | Y | - | 4/1/2024 | Fee Schedule | \$95.54 |
| 42104 | EXCISION LESION MOUTH ROOF | Y | - | 4/1/2024 | Fee Schedule | \$154.45 |
| 42106 | EXCISION LESION MOUTH ROOF | Y | - | 4/1/2024 | Fee Schedule | \$171.43 |
| 42107 | EXCISION LESION MOUTH ROOF | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42120 | REMOVE PALATE/LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42140 | EXCISION OF UVULA | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42145 | REPAIR PALATE PHARYNX/UVULA | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42160 | TREATMENT MOUTH ROOF LESION | Y | - | 4/1/2024 | Fee Schedule | \$157.45 |
| 42180 | REPAIR LAC PALATE<2 CM | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 42182 | REPAIR PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42200 | RECONSTRUCT CLEFT PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 42205 | RECONSTRUCT CLEFT PALATE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42210 | RECONSTRUCT CLEFT PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42215 | RECONSTRUCT CLEFT PALATE | Y | - | 4/1/2024 | Fee Schedule | \$3,746.16 |
| 42220 | RECONSTRUCT CLEFT PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42225 | RECONSTRUCT CLEFT PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42226 | LENGTHENING OF PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42227 | LENGTHENING OF PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42235 | REPAIR PALATE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42260 | REPAIR NOSE TO LIP FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42280 | PREPARATION PALATE MOLD | Y | - | 4/1/2024 | Fee Schedule | \$118.17 |
| 42281 | INSERTION PALATE PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42300 | DRAINAGE OF SALIVARY GLAND | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 42305 | DRAINAGE OF SALIVARY GLAND | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42310 | DRAINAGE OF SALIVARY GLAND | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 42320 | DRAINAGE OF SALIVARY GLAND | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 42330 | REMOVAL OF SALIVARY STONE | Y | - | 4/1/2024 | Fee Schedule | \$149.79 |
| 42335 | REMOVAL OF SALIVARY STONE | Y | - | 4/1/2024 | Fee Schedule | \$306.25 |
| 42340 | REMOVAL OF SALIVARY STONE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42400 | BIOPSY OF SALIVARY GLAND | Y | - | 4/1/2024 | Fee Schedule | \$66.91 |
| 42405 | BIOPSY OF SALIVARY GLAND | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 42408 | EXCISION OF SALIVARY CYST | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42409 | DRAINAGE OF SALIVARY CYST | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42410 | EXCISE PAROTID GLAND/LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42415 | EXCISE PAROTID GLAND/LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42420 | EXCISE PAROTID GLAND/LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42425 | EXCISE PAROTID GLAND/LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42440 | EXCISE SUBMAXILLARY GLAND | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42450 | EXCISE SUBLINGUAL GLAND | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42500 | REPAIR SALIVARY DUCT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42505 | REPAIR SALIVARY DUCT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42507 | PAROTID DUCT DIVERSION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42509 | PAROTID DUCT DIVERSION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42510 | PAROTID DUCT DIVERSION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42550 | INJECTION FOR SALIVARY X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 42600 | CLOSURE OF SALIVARY FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42650 | DILATION OF SALIVARY DUCT | Y | - | 4/1/2024 | Fee Schedule | \$45.60 |
| 42660 | DILATION OF SALIVARY DUCT | Y | - | 4/1/2024 | Fee Schedule | \$65.58 |
| 42665 | LIGATION OF SALIVARY DUCT | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42700 | DRAINAGE OF TONSIL ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 42720 | DRAINAGE OF THROAT ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42725 | DRAINAGE OF THROAT ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42800 | BIOPSY OF THROAT | Y | - | 4/1/2024 | Fee Schedule | \$104.85 |
| 42804 | BIOPSY OF UPPER NOSE/THROAT | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42806 | BIOPSY OF UPPER NOSE/THROAT | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42808 | EXCISE PHARYNX LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42809 | REMOVE PHARYNX FOREIGN BODY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 42810 | EXCISION OF NECK CYST | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42815 | EXCISION OF NECK CYST | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42820 | REMOVE TONSILS AND ADENOIDS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42821 | REMOVE TONSILS AND ADENOIDS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42825 | REMOVAL OF TONSILS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 42826 | REMOVAL OF TONSILS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42830 | REMOVAL OF ADENOIDS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42831 | REMOVAL OF ADENOIDS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42835 | REMOVAL OF ADENOIDS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42836 | REMOVAL OF ADENOIDS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42842 | EXTENSIVE SURGERY OF THROAT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 42844 | EXTENSIVE SURGERY OF THROAT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 42860 | EXCISION OF TONSIL TAGS | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42870 | EXCISION OF LINGUAL TONSIL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42890 | PARTIAL REMOVAL OF PHARYNX | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42892 | REVISION OF PHARYNGEAL WALLS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42900 | REPAIR THROAT WOUND | Y | - | 4/1/2024 | Fee Schedule | \$1,110.42 |
| 42950 | RECONSTRUCTION OF THROAT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 42955 | SURGICAL OPENING OF THROAT | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 42960 | CONTROL THROAT BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$285.38 |
| 42962 | CONTROL THROAT BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42970 | CONTROL NOSE/THROAT BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 42972 | CONTROL NOSE/THROAT BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 42975 | DISE EVAL SLP DO BRTH FLX DX | Y | - | 4/1/2024 | Fee Schedule | \$757.05 |
| 43020 | INCISION OF ESOPHAGUS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43030 | THROAT MUSCLE SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 43130 | REMOVAL OF ESOPHAGUS POUCH | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 43180 | ESOPHAGOSCOPY RIGID TRNSO | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 43191 | ESOPHAGOSCOPY RIGID TRNSO DX | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43192 | ESOPHAGOSCP RIG TRNSO INJECT | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43193 | ESOPHAGOSCP RIG TRNSO BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43194 | ESOPHAGOSCP RIG TRNSO REM FB | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43195 | ESOPHAGOSCOPY RIGID BALLOON | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43196 | ESOPHAGOSCP GUIDE WIRE DILAT | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43197 | ESOPHAGOSCOPY FLEX DX BRUSH | Y | - | 4/1/2024 | Fee Schedule | \$131.82 |
| 43198 | ESOPHAGOSC FLEX TRNSN BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$142.14 |
| 43200 | ESOPHAGOSCOPY FLEXIBLE BRUSH | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43201 | ESOPH SCOPE W/SUBMUCOUS INJ | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43202 | ESOPHAGOSCOPY FLEX BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43204 | ESOPH SCOPE W/SCLEROSIS INJ | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43205 | ESOPHAGUS ENDOSCOPY/LIGATION | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43206 | ESOPH OPTICAL ENDOMICROSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43210 | EGD ESOPHAGOGASTRC FNDOPSTY | Y | - | 4/1/2024 | Fee Schedule | \$5,903.93 |
| 43211 | ESOPHAGOSCP MUCOSAL RESECT | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43212 | ESOPHAGOSCP STENT PLACEMENT | Y | - | 4/1/2024 | Fee Schedule | \$3,839.28 |
| 43213 | ESOPHAGOSCOPY RETRO BALLOON | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43214 | ESOPHAGOSC DILATE BALLOON 30 | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43215 | ESOPHAGOSCOPY FLEX REMOVE FB | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43216 | ESOPHAGOSCOPY LESION REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43217 | ESOPHAGOSCOPY SNARE LES REMV | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43220 | ESOPHAGOSCOPY BALLOON <30MM | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43226 | ESOPH ENDOSCOPY DILATION | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43227 | ESOPHAGOSCOPY CONTROL BLEED | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43229 | ESOPHAGOSCOPY LESION ABLATE | Y | - | 4/1/2024 | Fee Schedule | \$2,643.99 |
| 43231 | ESOPHAGOSCP ULTRASOUND EXAM | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43232 | ESOPHAGOSCOPY W/US NEEDLE BX | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 43233 | EGD BALLOON DIL ESOPH30 MM/> | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43235 | EGD DIAGNOSTIC BRUSH WASH | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43236 | UPPR GI SCOPE W/SUBMUC INJ | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43237 | ENDOSCOPIC US EXAM ESOPH | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43238 | EGD US FINE NEEDLE BX/ASPIR | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43239 | EGD BIOPSY SINGLE/MULTIPLE | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43240 | EGD W/TRANSMURAL DRAIN CYST | Y | - | 4/1/2024 | Fee Schedule | \$4,024.62 |
| 43241 | EGD TUBE/CATH INSERTION | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43242 | EGD US FINE NEEDLE BX/ASPIR | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43243 | EGD INJECTION VARICES | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43244 | EGD VARICES LIGATION | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43245 | EGD DILATE STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43246 | EGD PLACE GASTROSTOMY TUBE | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43247 | EGD REMOVE FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43248 | EGD GUIDE WIRE INSERTION | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43249 | ESOPH EGD DILATION <30 MM | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43250 | EGD CAUTERY TUMOR POLYP | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43251 | EGD REMOVE LESION SNARE | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43252 | EGD OPTICAL ENDOMICROSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43253 | EGD US TRANSMURAL INJXN/MARK | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43254 | EGD ENDO MUCOSAL RESECTION | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43255 | EGD CONTROL BLEEDING ANY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43257 | EGD W/THRML TXMNT GERD | Y | - | 4/1/2024 | Fee Schedule | \$2,434.56 |
| 43259 | EGD US EXAM DUODENUM/JEJUNUM | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43260 | ERCP W/SPECIMEN COLLECTION | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43261 | ENDO CHOLANGIOPANCREATOGRAPH | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43262 | ENDO CHOLANGIOPANCREATOGRAPH | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43263 | ERCP SPHINCTER PRESSURE MEAS | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43264 | ERCP REMOVE DUCT CALCULI | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43265 | ERCP LITHOTRIPSY CALCULI | Y | - | 4/1/2024 | Fee Schedule | \$2,575.02 |
| 43266 | EGD ENDOSCOPIC STENT PLACE | Y | - | 4/1/2024 | Fee Schedule | \$3,963.20 |
| 43270 | EGD LESION ABLATION | Y | - | 4/1/2024 | Fee Schedule | \$1,074.19 |
| 43273 | ENDOSCOPIC PANCREATOSCOPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 43274 | ERCP DUCT STENT PLACEMENT | Y | - | 4/1/2024 | Fee Schedule | \$3,318.79 |
| 43275 | ERCP REMOVE FORGN BODY DUCT | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43276 | ERCP STENT EXCHANGE W/DILATE | Y | - | 4/1/2024 | Fee Schedule | \$3,322.88 |
| 43277 | ERCP EA DUCT/AMPULLA DILATE | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43278 | ERCP LESION ABLATE W/DILATE | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43280 | LAPAROSCOPY FUNDOPLASTY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43281 | LAP PARAESOPHAG HERN REPAIR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43282 | LAP PARAESOPH HER RPR W/MESH | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43284 | LAPS ESOPHGL SPHNCNT AGMNTJ | Y | - | 4/1/2024 | Fee Schedule | \$6,489.89 |
| 43285 | RMVL ESOPHGL SPHNCNT DEV | - | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 43290 | EGD FLX TRNSORL DPLMNT BALO | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43291 | EGD FLX TRNSORL RMVL BALO | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43420 | REPAIR ESOPHAGUS OPENING | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43450 | DILATE ESOPHAGUS 1/MULT PASS | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43453 | DILATE ESOPHAGUS | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 43510 | SURGICAL OPENING OF STOMACH | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43647 | LAP IMPL ELECTRODE ANTRUM | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43648 | LAP REVISE/REMV ELTRD ANTRUM | - | - | 1/1/2022 | Not Allowed | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 43651 | LAPAROSCOPY VAGUS NERVE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43652 | LAPAROSCOPY VAGUS NERVE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43653 | LAPAROSCOPY GASTROSTOMY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 43752 | NASAL/OROGASTRIC W/TUBE PLMT | - | - | 4/1/2024 | Fee Schedule | \$206.66 |
| 43753 | TX GASTRO INTUB W/ASP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 43754 | DX GASTR INTUB W/ASP SPEC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 43755 | DX GASTR INTUB W/ASP SPECS | - | - | 4/1/2024 | Fee Schedule | \$81.02 |
| 43756 | DX DUOD INTUB W/ASP SPEC | - | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43757 | DX DUOD INTUB W/ASP SPECS | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 43761 | REPOSITION GASTROSTOMY TUBE | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 43762 | RPLC GTUBE NO REVJ TRC | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 43763 | RPLC GTUBE REVJ GSTRST TRC | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 43770 | LAP PLACE GASTR ADJ DEVICE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43772 | LAP RMVL GASTR ADJ DEVICE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43773 | LAP REPLACE GASTR ADJ DEVICE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43774 | LAP RMVL GASTR ADJ ALL PARTS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 43830 | PLACE GASTROSTOMY TUBE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43831 | PLACE GASTROSTOMY TUBE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 43870 | REPAIR STOMACH OPENING | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| 43886 | REVISE GASTRIC PORT OPEN | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 43887 | REMOVE GASTRIC PORT OPEN | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 43888 | CHANGE GASTRIC PORT OPEN | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 44100 | BIOPSY OF BOWEL | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 44180 | LAP ENTEROLYSIS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 44186 | LAP JEJUNOSTOMY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 44312 | REVISION OF ILEOSTOMY | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 44340 | REVISION OF COLOSTOMY | Y | - | 4/1/2024 | Fee Schedule | \$1,860.82 |
| 44360 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44361 | SMALL BOWEL ENDOSCOPY/BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44363 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44364 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44365 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44366 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44369 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44370 | SMALL BOWEL ENDOSCOPY/STENT | Y | - | 4/1/2024 | Fee Schedule | \$4,334.33 |
| 44372 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44373 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44376 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44377 | SMALL BOWEL ENDOSCOPY/BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44378 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44379 | S BOWEL ENDOSCOPE W/STENT | Y | - | 4/1/2024 | Fee Schedule | \$2,575.02 |
| 44380 | SMALL BOWEL ENDOSCOPY BR/WA | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 44381 | SMALL BOWEL ENDOSCOPY BR/WA | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 44382 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 44384 | SMALL BOWEL ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$1,090.62 |
| 44385 | ENDOSCOPY OF BOWEL POUCH | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 44386 | ENDOSCOPY BOWEL POUCH/BIOP | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 44388 | COLONOSCOPY THRU STOMA SPX | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 44389 | COLONOSCOPY WITH BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44390 | COLONOSCOPY FOR FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 44391 | COLONOSCOPY FOR BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 44392 | COLONOSCOPY & POLYPECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44394 | COLONOSCOPY W/SNARE | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44401 | COLONOSCOPY WITH ABLATION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44402 | COLONOSCOPY W/STENT PLCMT | Y | - | 4/1/2024 | Fee Schedule | \$3,243.14 |
| 44403 | COLONOSCOPY W/RESECTION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44404 | COLONOSCOPY W/INJECTION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44405 | COLONOSCOPY W/DILATION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44406 | COLONOSCOPY W/ULTRASOUND | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44407 | COLONOSCOPY W/NDL ASPIR/BX | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 44408 | COLONOSCOPY W/DECOMPRESSION | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 44500 | INTRO GASTROINTESTINAL TUBE | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 44701 | INTRAOP COLON LAVAGE ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 44950 | APPELDECTOMY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 44955 | APPELDECTOMY ADD-ON | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 44970 | LAPAROSCOPY APPELDECTOMY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 45000 | DRAINAGE OF PELVIC ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45005 | DRAINAGE OF RECTAL ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45020 | DRAINAGE OF RECTAL ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45100 | BIOPSY OF RECTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45108 | REMOVAL OF ANORECTAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45150 | EXCISION OF RECTAL STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45160 | EXCISION OF RECTAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45171 | EXC RECT TUM TRANSANAL PART | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45172 | EXC RECT TUM TRANSANAL FULL | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45190 | DESTRUCTION RECTAL TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45300 | PROCTOSIGMOIDOSCOPY DX | Y | - | 4/1/2024 | Fee Schedule | \$97.20 |
| 45303 | PROCTOSIGMOIDOSCOPY DILATE | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45305 | PROCTOSIGMOIDOSCOPY W/BX | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45307 | PROCTOSIGMOIDOSCOPY FB | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45308 | PROCTOSIGMOIDOSCOPY REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45309 | PROCTOSIGMOIDOSCOPY REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45315 | PROCTOSIGMOIDOSCOPY REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45317 | PROCTOSIGMOIDOSCOPY BLEED | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45320 | PROCTOSIGMOIDOSCOPY ABLATE | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45321 | PROCTOSIGMOIDOSCOPY VOLVUL | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45327 | PROCTOSIGMOIDOSCOPY W/STENT | Y | - | 4/1/2024 | Fee Schedule | \$3,996.39 |
| 45330 | DIAGNOSTIC SIGMOIDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$154.13 |
| 45331 | SIGMOIDOSCOPY AND BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 45332 | SIGMOIDOSCOPY W/FB REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45333 | SIGMOIDOSCOPY & POLYPECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 45334 | SIGMOIDOSCOPY FOR BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45335 | SIGMOIDOSCOPY W/SUBMUC INJ | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 45337 | SIGMOIDOSCOPY & DECOMPRESS | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 45338 | SIGMOIDOSCOPY W/TUMR REMOVE | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45340 | SIG W/TNDS BALLOON DILATION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45341 | SIGMOIDOSCOPY W/ULTRASOUND | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 45342 | SIGMOIDOSCOPY W/US GUIDE BX | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45346 | SIGMOIDOSCOPY W/ABLATION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45347 | SIGMOIDOSCOPY W/PLCMT STENT | Y | - | 4/1/2024 | Fee Schedule | \$4,016.00 |
| 45349 | SIGMOIDOSCOPY W/RESECTION | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45350 | SGMDSC W/BAND LIGATION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 45378 | DIAGNOSTIC COLONOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 45379 | COLONOSCOPY W/FB REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45380 | COLONOSCOPY AND BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45381 | COLONOSCOPY SUBMUCOUS NJX | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45382 | COLONOSCOPY W/CONTROL BLEED | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45384 | COLONOSCOPY W/LESION REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45385 | COLONOSCOPY W/LESION REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45386 | COLONOSCOPY W/BALLOON DILAT | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45388 | COLONOSCOPY W/ABLATION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45389 | COLONOSCOPY W/STENT PLCMT | Y | - | 4/1/2024 | Fee Schedule | \$3,946.39 |
| 45390 | COLONOSCOPY W/RESECTION | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45391 | COLONOSCOPY W/ENDOSCOPE US | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45392 | COLONOSCOPY W/ENDOSCOPIC FNB | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45393 | COLONOSCOPY W/DECOMPRESSION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45398 | COLONOSCOPY W/BAND LIGATION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45500 | REPAIR OF RECTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45505 | REPAIR OF RECTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45520 | TREATMENT OF RECTAL PROLAPSE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 45541 | CORRECT RECTAL PROLAPSE | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45560 | REPAIR OF RECTOCELE | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 45900 | REDUCTION OF RECTAL PROLAPSE | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 45905 | DILATION OF ANAL SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45910 | DILATION OF RECTAL NARROWING | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45915 | REMOVE RECTAL OBSTRUCTION | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 45990 | SURG DX EXAM ANORECTAL | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46020 | PLACEMENT OF SETON | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46030 | REMOVAL OF RECTAL MARKER | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 46040 | INCISION OF RECTAL ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 46045 | INCISION OF RECTAL ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46050 | INCISION OF ANAL ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 46060 | INCISION OF RECTAL ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46070 | INCISION OF ANAL SEPTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46080 | INCISION OF ANAL SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46083 | INCISE EXTERNAL HEMORRHOID | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 46200 | REMOVAL OF ANAL FISSURE | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46220 | EXCISE ANAL EXT TAG/PAPILLA | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 46221 | LIGATION OF HEMORRHOID(S) | Y | - | 4/1/2024 | Fee Schedule | \$193.73 |
| 46230 | REMOVAL OF ANAL TAGS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46250 | REMOVE EXT HEM GROUPS 2+ | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46255 | REMOVE INT/EXT HEM 1 GROUP | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46257 | REMOVE IN/EX HEM GRP & FISS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46258 | REMOVE IN/EX HEM GRP W/FISTU | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46260 | REMOVE IN/EX HEM GROUPS 2+ | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46261 | REMOVE IN/EX HEM GRPS & FISS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46262 | REMOVE IN/EX HEM GRPS W/FIST | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46270 | REMOVE ANAL FIST SUBQ | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46275 | REMOVE ANAL FIST INTER | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46280 | REMOVE ANAL FIST COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46285 | REMOVE ANAL FIST 2 STAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46288 | REPAIR ANAL FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46320 | REMOVAL OF HEMORRHOID CLOT | Y | - | 4/1/2024 | Fee Schedule | \$150.13 |

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**Montana Healthcare Programs Fee Schedule
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 46500 | INJECTION INTO HEMORRHOID(S) | Y | - | 4/1/2024 | Fee Schedule | \$245.66 |
| 46505 | CHEMODENERVATION ANAL MUSC | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 46600 | DIAGNOSTIC ANOSCOPY SPX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 46601 | DIAGNOSTIC ANOSCOPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 46604 | ANOSCOPY AND DILATION | Y | - | 4/1/2024 | Fee Schedule | \$599.18 |
| 46606 | ANOSCOPY AND BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$232.68 |
| 46607 | DIAGNOSTIC ANOSCOPY & BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 46608 | ANOSCOPY REMOVE FOR BODY | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 46610 | ANOSCOPY REMOVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46611 | ANOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| 46612 | ANOSCOPY REMOVE LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46614 | ANOSCOPY CONTROL BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$129.48 |
| 46615 | ANOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46700 | REPAIR OF ANAL STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46706 | REPR OF ANAL FISTULA W/GLUE | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46707 | REPAIR ANORECTAL FIST W/PLUG | Y | - | 4/1/2024 | Fee Schedule | \$1,819.59 |
| 46750 | REPAIR OF ANAL SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46753 | RECONSTRUCTION OF ANUS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46754 | REMOVAL OF SUTURE FROM ANUS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46760 | REPAIR OF ANAL SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46761 | REPAIR OF ANAL SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46900 | DESTRUCTION ANAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$169.10 |
| 46910 | DESTRUCTION ANAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$191.07 |
| 46916 | CRYOSURGERY ANAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$103.84 |
| 46917 | LASER SURGERY ANAL LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46922 | EXCISION OF ANAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46924 | DESTRUCTION ANAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46930 | DESTROY INTERNAL HEMORRHOIDS | Y | - | 4/1/2024 | Fee Schedule | \$155.78 |
| 46940 | TREATMENT OF ANAL FISSURE | Y | - | 4/1/2024 | Fee Schedule | \$178.09 |
| 46942 | TREATMENT OF ANAL FISSURE | Y | - | 4/1/2024 | Fee Schedule | \$176.09 |
| 46945 | INT HRHC LIG 1 HROID W/O IMG | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46946 | INT HRHC LIG 2+HROID W/O IMG | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46947 | HEMORRHOIDOPEXY BY STAPLING | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 46948 | INT HRHC TRANAL DARTLZJ 2+ | Y | - | 4/1/2024 | Fee Schedule | \$1,348.91 |
| 47000 | NEEDLE BIOPSY OF LIVER | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 47001 | NEEDLE BIOPSY LIVER ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 47370 | LAPARO ABLATE LIVER TUMOR RF | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 47371 | LAPARO ABLATE LIVER CRYOSURG | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 47382 | PERCUT ABLATE LIVER RF | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 47383 | PERQ ABLTJ LVR CRYOABLATION | Y | - | 4/1/2024 | Fee Schedule | \$6,591.72 |
| 47490 | INCISION OF GALLBLADDER | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 47531 | INJECTION FOR CHOLANGIOGRAM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 47532 | INJECTION FOR CHOLANGIOGRAM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 47533 | PLMT BILIARY DRAINAGE CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 47534 | PLMT BILIARY DRAINAGE CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 47535 | CONVERSION EXT BIL DRG CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 47536 | EXCHANGE BILIARY DRG CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 47537 | REMOVAL BILIARY DRG CATH | - | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 47538 | PERQ PLMT BILE DUCT STENT | Y | - | 4/1/2024 | Fee Schedule | \$3,825.45 |
| 47539 | PERQ PLMT BILE DUCT STENT | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 47540 | PERQ PLMT BILE DUCT STENT | Y | - | 4/1/2024 | Fee Schedule | \$3,807.34 |

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**Montana Healthcare Programs Fee Schedule
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 47541 | PLMT ACCESS BIL TREE SM BWL | Y | - | 4/1/2024 | Fee Schedule | \$4,990.15 |
| 47542 | DILATE BILIARY DUCT/AMPULLA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 47543 | ENDOLUMINAL BX BILIARY TREE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 47544 | REMOVAL DUCT GLBLDR CALCULI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 47552 | BILIARY ENDO PERQ DX W/SPECI | Y | - | 4/1/2024 | Fee Schedule | \$3,721.97 |
| 47553 | BILIARY ENDOSCOPY THRU SKIN | Y | - | 4/1/2024 | Fee Schedule | \$3,721.97 |
| 47554 | BILIARY ENDOSCOPY THRU SKIN | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 47555 | BILIARY ENDOSCOPY THRU SKIN | Y | - | 4/1/2024 | Fee Schedule | \$2,170.37 |
| 47556 | BILIARY ENDOSCOPY THRU SKIN | Y | - | 4/1/2024 | Fee Schedule | \$6,091.65 |
| 47562 | LAPAROSCOPIC CHOLECYSTECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 47563 | LAPARO CHOLECYSTECTOMY/GRAPH | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 47564 | LAPARO CHOLECYSTECTOMY/EXPLR | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 48102 | NEEDLE BIOPSY PANCREAS | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 49082 | ABD PARACENTESIS | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 49083 | ABD PARACENTESIS W/IMAGING | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 49084 | PERITONEAL LAVAGE | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 49180 | BIOPSY ABDOMINAL MASS | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 49185 | SCLEROTX FLUID COLLECTION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 49250 | EXCISION OF UMBILICUS | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49320 | DIAG LAPARO SEPARATE PROC | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49321 | LAPAROSCOPY BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49322 | LAPAROSCOPY ASPIRATION | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49323 | LAPARO DRAIN LYMPHOCELE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 49324 | LAP INSERT TUNNEL IP CATH | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49325 | LAP REVISION PERM IP CATH | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49326 | LAP W/OMENTOPEXY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 49327 | LAP INS DEVICE FOR RT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 49400 | AIR INJECTION INTO ABDOMEN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 49402 | REMOVE FOREIGN BODY ADBOMEN | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49405 | IMAGE CATH FLUID COLXN VISC | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 49406 | IMAGE CATH FLUID PERI/RETRO | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 49407 | IMAGE CATH FLUID TRNS/VGNL | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 49411 | INS MARK ABD/PEL FOR RT PERQ | - | - | 4/1/2024 | Fee Schedule | \$346.85 |
| 49418 | INSERT TUN IP CATH PERC | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49419 | INSERT TUN IP CATH W/PORT | Y | - | 4/1/2024 | Fee Schedule | \$2,902.77 |
| 49421 | INS TUN IP CATH FOR DIAL OPN | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49422 | REMOVE TUNNELED IP CATH | - | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 49423 | EXCHANGE DRAINAGE CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 49424 | ASSESS CYST CONTRAST INJECT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 49426 | REVISE ABDOMEN-VENOUS SHUNT | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49427 | INJECTION ABDOMINAL SHUNT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 49429 | REMOVAL OF SHUNT | - | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 49435 | INSERT SUBQ EXTEN TO IP CATH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 49436 | EMBEDDED IP CATH EXIT-SITE | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 49440 | PLACE GASTROSTOMY TUBE PERC | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 49441 | PLACE DUOD/JEJ TUBE PERC | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 49442 | PLACE CECOSTOMY TUBE PERC | Y | - | 4/1/2024 | Fee Schedule | \$612.08 |
| 49446 | CHANGE G-TUBE TO G-J PERC | Y | - | 4/1/2024 | Fee Schedule | \$831.73 |
| 49450 | REPLACE G/C TUBE PERC | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 49451 | REPLACE DUOD/JEJ TUBE PERC | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 49452 | REPLACE G-J TUBE PERC | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |

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**Montana Healthcare Programs Fee Schedule
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 49460 | FIX G/COLON TUBE W/DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$470.17 |
| 49465 | FLUORO EXAM OF G/COLON TUBE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 49491 | RPR HERN PREEMIE REDUC | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 49492 | RPR ING HERN PREMIE BLOCKED | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 49495 | RPR ING HERNIA BABY REDUC | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49496 | RPR ING HERNIA BABY BLOCKED | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49500 | RPR ING HERNIA INIT REDUCE | Y | - | 4/1/2024 | Fee Schedule | \$3,721.97 |
| 49501 | RPR ING HERNIA INIT BLOCKED | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49505 | PRP I/HERN INIT REDUC >5 YR | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49507 | PRP I/HERN INIT BLOCK >5 YR | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49520 | REREPAIR ING HERNIA REDUCE | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49521 | REREPAIR ING HERNIA BLOCKED | Y | - | 4/1/2024 | Fee Schedule | \$3,721.97 |
| 49525 | REPAIR ING HERNIA SLIDING | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49540 | REPAIR LUMBAR HERNIA | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49550 | RPR REM HERNIA INIT REDUCE | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49553 | RPR FEM HERNIA INIT BLOCKED | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49555 | REREPAIR FEM HERNIA REDUCE | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49557 | REREPAIR FEM HERNIA BLOCKED | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49591 | RPR AA HRN 1ST < 3 CM RDC | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49592 | RPR AA HRN 1ST < 3 NCR/STRN | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49593 | RPR AA HRN 1ST 3-10 RDC | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49594 | RPR AA HRN 1ST 3-10 NCR/STRN | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49595 | RPR AA HRN 1ST > 10 RDC | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49600 | REPAIR UMBILICAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49613 | RPR AA HRN RCR < 3 RDC | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49614 | RPR AA HRN RCR < 3 NCR/STRN | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49615 | RPR AA HRN RCR 3-10 RDC | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 49650 | LAP ING HERNIA REPAIR INIT | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 49651 | LAP ING HERNIA REPAIR RECUR | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 50020 | RENAL ABSCESS OPEN DRAIN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 50080 | PERQ NL/PL LITHOTRP SMPL<2CM | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 50081 | PERQ NL/PL LITHOTRP CPLX>2CM | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 50200 | RENAL BIOPSY PERQ | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 50382 | CHANGE URETER STENT PERCUT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50384 | REMOVE URETER STENT PERCUT | - | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50385 | CHANGE STENT VIA TRANSURETH | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50386 | REMOVE STENT VIA TRANSURETH | - | - | 4/1/2024 | Fee Schedule | \$629.80 |
| 50387 | CHANGE NEPHROURETERAL CATH | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50389 | REMOVE RENAL TUBE W/FLUORO | - | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 50390 | DRAINAGE OF KIDNEY LESION | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 50391 | INSTLL RX AGNT INTO RNAL TUB | Y | - | 4/1/2024 | Fee Schedule | \$51.59 |
| 50396 | MEASURE KIDNEY PRESSURE | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 50430 | NJX PX NFROSGRM &/URTRGRM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 50431 | NJX PX NFROSGRM &/URTRGRM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 50432 | PLMT NEPHROSTOMY CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50433 | PLMT NEPHROURETERAL CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50434 | CONVERT NEPHROSTOMY CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50435 | EXCHANGE NEPHROSTOMY CATH | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50436 | DILAT XST TRC NDURLGC PX | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50437 | DILAT XST TRC NEW ACCESS RCS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50541 | LAPARO ABLATE RENAL CYST | - | - | 1/1/2022 | Not Allowed | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 50542 | LAPARO ABLATE RENAL MASS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 50543 | LAPARO PARTIAL NEPHRECTOMY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 50544 | LAPAROSCOPY PYELOPLASTY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 50551 | KIDNEY ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50553 | KIDNEY ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50555 | KIDNEY ENDOSCOPY & BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 50557 | KIDNEY ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 50561 | KIDNEY ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50562 | RENAL SCOPE W/TUMOR RESECT | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 50570 | KIDNEY ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50572 | KIDNEY ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 50574 | KIDNEY ENDOSCOPY & BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50575 | KIDNEY ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50576 | KIDNEY ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 50580 | KIDNEY ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50590 | FRAGMENTING OF KIDNEY STONE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50592 | PERC RF ABLATE RENAL TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 50593 | PERC CRYO ABLATE RENAL TUM | Y | - | 4/1/2024 | Fee Schedule | \$6,427.18 |
| 50606 | ENDOLUMINAL BX URTR RNL PLVS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 5060F | FNDNGS MAMMO 2PT W/IN 3 DAYS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 50684 | INJECTION FOR URETER X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 50686 | MEASURE URETER PRESSURE | - | - | 4/1/2024 | Fee Schedule | \$81.02 |
| 50688 | CHANGE OF URETER TUBE/STENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 50690 | INJECTION FOR URETER X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 50693 | PLMT URETERAL STENT PRQ | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50694 | PLMT URETERAL STENT PRQ | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50695 | PLMT URETERAL STENT PRQ | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50705 | URETERAL EMBOLIZATION/OCCL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 50706 | BALLOON DILATE URTRL STRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 50727 | REVISE URETER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50945 | LAPAROSCOPY URETEROLITHOTOMY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 50947 | LAPARO NEW URETER/BLADDER | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 50948 | LAPARO NEW URETER/BLADDER | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 50951 | ENDOSCOPY OF URETER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50953 | ENDOSCOPY OF URETER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50955 | URETER ENDOSCOPY & BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50957 | URETER ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50961 | URETER ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50970 | URETER ENDOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50972 | URETER ENDOSCOPY & CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 50974 | URETER ENDOSCOPY & BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50976 | URETER ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 50980 | URETER ENDOSCOPY & TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 51020 | INCISE & TREAT BLADDER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 51030 | INCISE & TREAT BLADDER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 51040 | INCISE & DRAIN BLADDER | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 51045 | INCISE BLADDER/DRAIN URETER | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 51050 | REMOVAL OF BLADDER STONE | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 51060 | REMOVAL OF URETER STONE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 51065 | REMOVE URETER CALCULUS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 51080 | DRAINAGE OF BLADDER ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 51100 | DRAIN BLADDER BY NEEDLE | Y | - | 4/1/2024 | Fee Schedule | \$44.61 |
| 51101 | DRAIN BLADDER BY TROCAR/CATH | - | - | 4/1/2024 | Fee Schedule | \$115.51 |
| 51102 | DRAIN BL W/CATH INSERTION | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 51500 | REMOVAL OF BLADDER CYST | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 51520 | REMOVAL OF BLADDER LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 51535 | REPAIR OF URETER LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 51600 | INJECTION FOR BLADDER X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51605 | PREPARATION FOR BLADDER XRAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51610 | INJECTION FOR BLADDER X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51700 | IRRIGATION OF BLADDER | Y | - | 4/1/2024 | Fee Schedule | \$53.93 |
| 51701 | INSERT BLADDER CATHETER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51702 | INSERT TEMP BLADDER CATH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51703 | INSERT BLADDER CATH COMPLEX | - | - | 4/1/2024 | Fee Schedule | \$81.02 |
| 51705 | CHANGE OF BLADDER TUBE | Y | - | 4/1/2024 | Fee Schedule | \$63.91 |
| 51710 | CHANGE OF BLADDER TUBE | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 51715 | ENDOSCOPIC INJECTION/IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$2,248.10 |
| 51720 | TREATMENT OF BLADDER LESION | Y | - | 4/1/2024 | Fee Schedule | \$55.92 |
| 51725 | SIMPLE CYSTOMETROGRAM | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 51726 | COMPLEX CYSTOMETROGRAM | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 51727 | CYSTOMETROGRAM W/UP | Y | - | 4/1/2024 | Fee Schedule | \$286.94 |
| 51728 | CYSTOMETROGRAM W/VP | Y | - | 4/1/2024 | Fee Schedule | \$285.94 |
| 51729 | CYSTOMETROGRAM W/VP&UP | Y | - | 4/1/2024 | Fee Schedule | \$289.93 |
| 51736 | URINE FLOW MEASUREMENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51741 | ELECTRO-UROFLOWMETRY FIRST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51784 | ANAL/URINARY MUSCLE STUDY | - | - | 4/1/2024 | Fee Schedule | \$36.62 |
| 51785 | ANAL/URINARY MUSCLE STUDY | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 51792 | URINARY REFLEX STUDY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51797 | INTRAABDOMINAL PRESSURE TEST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51798 | US URINE CAPACITY MEASURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 51845 | REPAIR BLADDER NECK | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 51860 | REPAIR OF BLADDER WOUND | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 51880 | REPAIR OF BLADDER OPENING | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 51990 | LAPARO URETHRAL SUSPENSION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 51992 | LAPARO SLING OPERATION | Y | - | 4/1/2024 | Fee Schedule | \$3,664.70 |
| 52000 | CYSTOSCOPY | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 52001 | CYSTOSCOPY REMOVAL OF CLOTS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52005 | CYSTOSCOPY & URETER CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52007 | CYSTOSCOPY AND BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52010 | CYSTOSCOPY & DUCT CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 52204 | CYSTOSCOPY W/BIOPSY(S) | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52214 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52224 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52234 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52235 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52240 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52250 | CYSTOSCOPY AND RADIOTRACER | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52260 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52265 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$260.64 |
| 52270 | CYSTOSCOPY & REVISE URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52275 | CYSTOSCOPY & REVISE URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52276 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 52277 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52281 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52282 | CYSTOSCOPY IMPLANT STENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52283 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52284 | CYSTO RX BALO CATH URTL STRX | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52285 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 52287 | CYSTOSCOPY CHEMODENERVATION | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52290 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52300 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52301 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52305 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52310 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52315 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 52317 | REMOVE BLADDER STONE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52318 | REMOVE BLADDER STONE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52320 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52325 | CYSTOSCOPY STONE REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52327 | CYSTOSCOPY INJECT MATERIAL | Y | - | 4/1/2024 | Fee Schedule | \$3,465.20 |
| 52330 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52332 | CYSTOSCOPY AND TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52334 | CREATE PASSAGE TO KIDNEY | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52341 | CYSTO W/URETER STRICTURE TX | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52342 | CYSTO W/UP STRICTURE TX | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52343 | CYSTO W/RENAL STRICTURE TX | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52344 | CYSTO/URETERO STRICTURE TX | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52345 | CYSTO/URETERO W/UP STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52346 | CYSTOURETERO W/RENAL STRICT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52351 | CYSTOURETERO & OR PYELOSCOPE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52352 | CYSTOURETERO W/STONE REMOVE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52353 | CYSTOURETERO W/LITHOTRIPSY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52354 | CYSTOURETERO W/BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52355 | CYSTOURETERO W/EXCISE TUMOR | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52356 | CYSTO/URETERO W/LITHOTRIPSY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52400 | CYSTOURETERO W/CONGEN REPR | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52402 | CYSTOURETHRO CUT EJACUL DUCT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52450 | INCISION OF PROSTATE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52500 | REVISION OF BLADDER NECK | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52601 | PROSTATECTOMY (TURP) | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52630 | REMOVE PROSTATE REGROWTH | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52640 | RELIEVE BLADDER CONTRACTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 52647 | LASER SURGERY OF PROSTATE | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52648 | LASER SURGERY OF PROSTATE | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52649 | PROSTATE LASER ENUCLEATION | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 52700 | DRAINAGE OF PROSTATE ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53000 | INCISION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 53010 | INCISION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53020 | INCISION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 53025 | INCISION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 53040 | DRAINAGE OF URETHRA ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53060 | DRAINAGE OF URETHRA ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$86.22 |
| 53080 | DRAINAGE OF URINARY LEAKAGE | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 53085 | DRAINAGE OF URINARY LEAKAGE | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 53200 | BIOPSY OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 53210 | REMOVAL OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53215 | REMOVAL OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53220 | TREATMENT OF URETHRA LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53230 | REMOVAL OF URETHRA LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53235 | REMOVAL OF URETHRA LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53240 | SURGERY FOR URETHRA POUCH | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53250 | REMOVAL OF URETHRA GLAND | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53260 | TREATMENT OF URETHRA LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53265 | TREATMENT OF URETHRA LESION | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 53270 | REMOVAL OF URETHRA GLAND | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53275 | REPAIR OF URETHRA DEFECT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53400 | REVISE URETHRA STAGE 1 | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53405 | REVISE URETHRA STAGE 2 | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53410 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53420 | RECONSTRUCT URETHRA STAGE 1 | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53425 | RECONSTRUCT URETHRA STAGE 2 | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53430 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53431 | RECONSTRUCT URETHRA/BLADDER | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53440 | MALE SLING PROCEDURE | Y | - | 4/1/2024 | Fee Schedule | \$10,081.43 |
| 53442 | REMOVE/REVISE MALE SLING | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53444 | INSERT TANDEM CUFF | Y | - | 4/1/2024 | Fee Schedule | \$15,805.58 |
| 53445 | INSERT URO/VES NCK SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$16,730.81 |
| 53446 | REMOVE URO SPHINCTER | - | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53447 | REMOVE/REPLACE UR SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$16,297.00 |
| 53449 | REPAIR URO SPHINCTER | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 53450 | REVISION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53451 | TPRNL BALO CNTNC DEV BI | Y | - | 4/1/2024 | Fee Schedule | \$10,307.30 |
| 53452 | TPRNL BALO CNTNC DEV UNI | Y | - | 4/1/2024 | Fee Schedule | \$6,799.63 |
| 53453 | TPRNL BALO CNTNC DEV RMVL EA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53454 | TPRNL BALO CNTNC DEV ADJMT | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 53460 | REVISION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53500 | URETHRLYS TRANSVAG W/ SCOPE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 53502 | REPAIR OF URETHRA INJURY | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53505 | REPAIR OF URETHRA INJURY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53510 | REPAIR OF URETHRA INJURY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53515 | REPAIR OF URETHRA INJURY | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53520 | REPAIR OF URETHRA DEFECT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 53600 | DILATE URETHRA STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$43.28 |
| 53601 | DILATE URETHRA STRICTURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 53605 | DILATE URETHRA STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 53620 | DILATE URETHRA STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$109.18 |
| 53621 | DILATE URETHRA STRICTURE | Y | - | 4/1/2024 | Fee Schedule | \$111.85 |
| 53660 | DILATION OF URETHRA | - | - | 4/1/2024 | Fee Schedule | \$49.60 |
| 53661 | DILATION OF URETHRA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 53665 | DILATION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 53850 | PROSTATIC MICROWAVE THERMOTX | Y | - | 4/1/2024 | Fee Schedule | \$1,201.68 |
| 53852 | PROSTATIC RF THERMOTX | Y | - | 4/1/2024 | Fee Schedule | \$1,149.08 |
| 53854 | TRURL DSTRJ PRST8 TISS RF WV | Y | - | 4/1/2024 | Fee Schedule | \$1,432.36 |
| 53855 | INSERT PROST URETHRAL STENT | Y | - | 4/1/2024 | Fee Schedule | \$584.53 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 53860 | TRANSURETHRAL RF TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54000 | SLITTING OF PREPUCE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54001 | SLITTING OF PREPUCE | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54015 | DRAIN PENIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 54050 | DESTRUCTION PENIS LESION(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 54055 | DESTRUCTION PENIS LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$92.20 |
| 54056 | CRYOSURGERY PENIS LESION(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 54057 | LASER SURG PENIS LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 54060 | EXCISION OF PENIS LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 54065 | DESTRUCTION PENIS LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 54100 | BIOPSY OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 54105 | BIOPSY OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 54110 | TREATMENT OF PENIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54111 | TREAT PENIS LESION GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 54112 | TREAT PENIS LESION GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$5,793.09 |
| 54115 | TREATMENT OF PENIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 54120 | PARTIAL REMOVAL OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54150 | CIRCUMCISION W/REGIONL BLOCK | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54160 | CIRCUMCISION NEONATE | Y | - | 4/1/2024 | Fee Schedule | \$313.19 |
| 54161 | CIRCUM 28 DAYS OR OLDER | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54162 | LYSIS PENIL CIRCUMIC LESION | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54163 | REPAIR OF CIRCUMCISION | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54164 | FRENULOTOMY OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54200 | TREATMENT OF PENIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$75.90 |
| 54205 | TREATMENT OF PENIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 54220 | TREATMENT OF PENIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 54230 | PREPARE PENIS STUDY | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 54231 | DYNAMIC CAVERNOSOMETRY | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54235 | PENILE INJECTION | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54240 | PENIS STUDY | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54250 | PENIS STUDY | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54300 | REVISION OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54304 | REVISION OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54308 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 54312 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54316 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 54318 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54322 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54324 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54326 | RECONSTRUCTION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54328 | REVISE PENIS/URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54332 | REVISE PENIS/URETHRA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 54336 | REVISE PENIS/URETHRA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 54340 | RPR HYPSPAD COMP SIMPLE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54344 | RRP HYPSPAD COMP MOBLJ&URTP | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 54348 | RPR HYPSPAD COMP DSJ & URTP | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 54352 | REVJ PRIOR HYPSPAD REPAIR | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 54360 | PENIS PLASTIC SURGERY | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54380 | REPAIR PENIS | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54385 | REPAIR PENIS | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54400 | INSERT SEMI-RIGID PROSTHESIS | - | - | 4/1/2024 | Not Allowed | \$0.00 |

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**Montana Healthcare Programs Fee Schedule
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 54401 | INSERT SELF-CONTD PROSTHESIS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54405 | INSERT MULTI-COMP PENIS PROS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54406 | REMOVE MUTI-COMP PENIS PROS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54408 | REPAIR MULTI-COMP PENIS PROS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54410 | REMOVE/REPLACE PENIS PROSTH | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54411 | REMOV/REPLC PENIS PROS COMP | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 54415 | REMOVE SELF-CONTD PENIS PROS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54416 | REMV/REPL PENIS CONTAIN PROS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 54417 | REMV/REPLC PENIS PROS COMPL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 54420 | REVISION OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54435 | REVISION OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54437 | REPAIR CORPOREAL TEAR | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54440 | REPAIR OF PENIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54450 | PREPUTIAL STRETCHING | Y | - | 4/1/2024 | Fee Schedule | \$128.19 |
| 54500 | BIOPSY OF TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 54505 | BIOPSY OF TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54512 | EXCISE LESION TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54520 | REMOVAL OF TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54522 | ORCHIECTOMY PARTIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54530 | REMOVAL OF TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 54535 | EXTENSIVE TESTIS SURGERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 54550 | EXPLORATION FOR TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 54560 | EXPLORATION FOR TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54600 | REDUCE TESTIS TORSION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54620 | SUSPENSION OF TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54640 | ORCHIOPEXY INGUN/SCROT APPR | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 54650 | ORCHIOPEXY (FOWLER-STEPHENS) | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 54660 | REVISION OF TESTIS | Y | - | 4/1/2024 | Fee Schedule | \$3,483.82 |
| 54670 | REPAIR TESTIS INJURY | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54680 | RELOCATION OF TESTIS(ES) | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54690 | LAPAROSCOPY ORCHIECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 54692 | LAPAROSCOPY ORCHIOPEXY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 54700 | DRAINAGE OF SCROTUM | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54800 | BIOPSY OF EPIDIDYMIS | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 54830 | REMOVE EPIDIDYMIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54840 | REMOVE EPIDIDYMIS LESION | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54860 | REMOVAL OF EPIDIDYMIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54861 | REMOVAL OF EPIDIDYMIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54865 | EXPLORE EPIDIDYMIS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 54900 | FUSION OF SPERMATIC DUCTS | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 54901 | FUSION OF SPERMATIC DUCTS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55000 | DRAINAGE OF HYDROCELE | Y | - | 4/1/2024 | Fee Schedule | \$66.91 |
| 55040 | REMOVAL OF HYDROCELE | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 55041 | REMOVAL OF HYDROCELES | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 55060 | REPAIR OF HYDROCELE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55100 | DRAINAGE OF SCROTUM ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 55110 | EXPLORE SCROTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55120 | REMOVAL OF SCROTUM LESION | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 55150 | REMOVAL OF SCROTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55175 | REVISION OF SCROTUM | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55180 | REVISION OF SCROTUM | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 55200 | INCISION OF SPERM DUCT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55250 | REMOVAL OF SPERM DUCT(S) | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 55300 | PREPARE SPERM DUCT X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 55400 | REPAIR OF SPERM DUCT | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55500 | REMOVAL OF HYDROCELE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55520 | REMOVAL OF SPERM CORD LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55530 | REVISE SPERMATIC CORD VEINS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55535 | REVISE SPERMATIC CORD VEINS | Y | - | 4/1/2024 | Fee Schedule | \$3,721.97 |
| 55540 | REVISE HERNIA & SPERM VEINS | Y | - | 4/1/2024 | Fee Schedule | \$1,621.63 |
| 55550 | LAPARO LIGATE SPERMATIC VEIN | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 55600 | INCISE SPERM DUCT POUCH | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 55680 | REMOVE SPERM POUCH LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55700 | BIOPSY OF PROSTATE | Y | - | 4/1/2024 | Fee Schedule | \$929.77 |
| 55705 | BIOPSY OF PROSTATE | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55706 | PROSTATE SATURATION SAMPLING | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55720 | DRAINAGE OF PROSTATE ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55725 | DRAINAGE OF PROSTATE ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| 55860 | SURGICAL EXPOSURE PROSTATE | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 55866 | LAPS SURG PRST8ECT RPBIC RAD | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 55870 | ELECTROEJACULATION | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 55873 | CRYOABLATE PROSTATE | Y | - | 4/1/2024 | Fee Schedule | \$6,528.79 |
| 55874 | TPRNL PLMT BIODEGRDABL MATRL | Y | - | 4/1/2024 | Fee Schedule | \$3,744.60 |
| 55875 | TRANSPERI NEEDLE PLACE PROS | Y | - | 4/1/2024 | Fee Schedule | \$2,470.89 |
| 55876 | PLACE RT DEVICE/MARKER PROS | - | - | 4/1/2024 | Fee Schedule | \$920.44 |
| 55880 | ABL TJ MAL PRST8 TISS HIFU | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| 55920 | PLACE NEEDLES PELVIC FOR RT | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 55970 | SEX TRANSFORMATION M TO F | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 55980 | SEX TRANSFORMATION F TO M | - | - | 7/1/2021 | Not Allowed | \$0.00 |
| 56405 | I & D OF VULVA/PERINEUM | Y | - | 4/1/2024 | Fee Schedule | \$89.88 |
| 56420 | DRAINAGE OF GLAND ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$103.36 |
| 56440 | SURGERY FOR VULVA LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56441 | LYSIS OF LABIAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56442 | HYMENOTOMY | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56501 | DESTROY VULVA LESIONS SIM | Y | - | 4/1/2024 | Fee Schedule | \$133.15 |
| 56515 | DESTROY VULVA LESION/S COMPL | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| 56605 | BIOPSY OF VULVA/PERINEUM | Y | - | 4/1/2024 | Fee Schedule | \$54.26 |
| 56606 | BIOPSY OF VULVA/PERINEUM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 56620 | PARTIAL REMOVAL OF VULVA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56625 | COMPLETE REMOVAL OF VULVA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56700 | PARTIAL REMOVAL OF HYMEN | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56740 | REMOVE VAGINA GLAND LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56800 | REPAIR OF VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56805 | REPAIR CLITORIS | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56810 | REPAIR OF PERINEUM | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 56820 | EXAM OF VULVA W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$68.24 |
| 56821 | EXAM/BIOPSY OF VULVA W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$89.21 |
| 57000 | EXPLORATION OF VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57010 | DRAINAGE OF PELVIC ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57020 | DRAINAGE OF PELVIC FLUID | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57022 | I & D VAGINAL HEMATOMA PP | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 57023 | I & D VAG HEMATOMA NON-OB | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 57061 | DESTROY VAG LESIONS SIMPLE | Y | - | 4/1/2024 | Fee Schedule | \$118.17 |
| 57065 | DESTROY VAG LESIONS COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57100 | BIOPSY OF VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$57.59 |
| 57105 | BIOPSY OF VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57106 | REMOVE VAGINA WALL PARTIAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57107 | REMOVE VAGINA TISSUE PART | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57109 | VAGINECTOMY PARTIAL W/NODES | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57120 | CLOSURE OF VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57130 | REMOVE VAGINA LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57135 | REMOVE VAGINA LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57150 | TREAT VAGINA INFECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 57155 | INSERT UTERI TANDEM/OVOIDS | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57156 | INS VAG BRACHYTX DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$166.40 |
| 57160 | INSERT PESSARY/OTHER DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$40.28 |
| 57170 | FITTING OF DIAPHRAGM/CAP | Y | - | 4/1/2024 | Fee Schedule | \$42.61 |
| 57180 | TREAT VAGINAL BLEEDING | Y | - | 4/1/2024 | Fee Schedule | \$103.36 |
| 57200 | REPAIR OF VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57210 | REPAIR VAGINA/PERINEUM | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57220 | REVISION OF URETHRA | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57230 | REPAIR OF URETHRAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57240 | ANTERIOR COLPORRHAPHY | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57250 | REPAIR RECTUM & VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57260 | CMBN ANT PST COLPRHY | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57265 | CMBN AP COLPRHY W/NTRCL RPR | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57267 | INSERT MESH/PELVIC FLR ADDON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 57268 | REPAIR OF BOWEL BULGE | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57282 | COLPOPEXY EXTRAPERITONEAL | Y | - | 4/1/2024 | Fee Schedule | \$3,156.77 |
| 57283 | COLPOPEXY INTRAPERITONEAL | Y | - | 4/1/2024 | Fee Schedule | \$3,156.77 |
| 57284 | REPAIR PARAVAG DEFECT OPEN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57285 | REPAIR PARAVAG DEFECT VAG | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57287 | REVISE/REMOVE SLING REPAIR | - | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57288 | REPAIR BLADDER DEFECT | Y | - | 4/1/2024 | Fee Schedule | \$2,750.48 |
| 57289 | REPAIR BLADDER & VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$3,156.77 |
| 57291 | CONSTRUCTION OF VAGINA | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 57292 | CONSTRUCT VAGINA WITH GRAFT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57295 | REVISE VAG GRAFT VIA VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57300 | REPAIR RECTUM-VAGINA FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57310 | REPAIR URETHROVAGINAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,156.77 |
| 57320 | REPAIR BLADDER-VAGINA LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57330 | REPAIR BLADDER-VAGINA LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57335 | REPAIR VAGINA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57400 | DILATION OF VAGINA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57410 | PELVIC EXAMINATION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57415 | REMOVE VAGINAL FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57420 | EXAM OF VAGINA W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$71.90 |
| 57421 | EXAM/BIOPSY OF VAG W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$93.20 |
| 57423 | REPAIR PARAVAG DEFECT LAP | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57425 | LAPAROSCOPY SURG COLPOPEXY | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 57426 | REVISE PROSTH VAG GRAFT LAP | Y | - | 4/1/2024 | Fee Schedule | \$3,156.77 |
| 57452 | EXAM OF CERVIX W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$69.58 |
| 57454 | BX/CURETT OF CERVIX W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$79.22 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 57455 | BIOPSY OF CERVIX W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$85.55 |
| 57456 | ENDOCERV CURETTAGE W/SCOPE | Y | - | 4/1/2024 | Fee Schedule | \$81.55 |
| 57460 | BX OF CERVIX W/SCOPE LEEP | Y | - | 4/1/2024 | Fee Schedule | \$204.72 |
| 57461 | CONZ OF CERVIX W/SCOPE LEEP | Y | - | 4/1/2024 | Fee Schedule | \$217.37 |
| 57500 | BIOPSY OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$107.51 |
| 57505 | ENDOCERVICAL CURETTAGE | Y | - | 4/1/2024 | Fee Schedule | \$109.85 |
| 57510 | CAUTERIZATION OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$94.53 |
| 57511 | CRYOCAUTERY OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$125.16 |
| 57513 | LASER SURGERY OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57520 | CONIZATION OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57522 | CONIZATION OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57530 | REMOVAL OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57550 | REMOVAL OF RESIDUAL CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57555 | REMOVE CERVIX/REPAIR VAGINA | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 57556 | REMOVE CERVIX REPAIR BOWEL | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 57558 | D&C OF CERVICAL STUMP | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57700 | REVISION OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57720 | REVISION OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 57800 | DILATION OF CERVICAL CANAL | Y | - | 4/1/2024 | Fee Schedule | \$48.27 |
| 58100 | BIOPSY OF UTERUS LINING | Y | - | 4/1/2024 | Fee Schedule | \$54.93 |
| 58110 | BX DONE W/COLPOSCOPY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 58120 | DILATION AND CURETTAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58145 | MYOMECTIONY VAG METHOD | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58260 | VAGINAL HYSTERECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58262 | VAG HYST INCLUDING T/O | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58263 | VAG HYST W/T/O & VAG REPAIR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58270 | VAG HYST W/ENTEROCELE REPAIR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58290 | VAG HYST COMPLEX | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58291 | VAG HYST INCL T/O COMPLEX | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58292 | VAG HYST T/O & REPAIR COMPL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58294 | VAG HYST W/ENTEROCELE COMPL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58301 | REMOVE INTRAUTERINE DEVICE | - | - | 4/1/2024 | Fee Schedule | \$61.59 |
| 58321 | ARTIFICIAL INSEMINATION | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 58322 | ARTIFICIAL INSEMINATION | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 58323 | SPERM WASHING | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 58340 | CATHETER FOR HYSTEROGRAPHY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 58345 | REOPEN FALLOPIAN TUBE | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 58346 | INSERT HEYMAN UTERI CAPSULE | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58350 | REOPEN FALLOPIAN TUBE | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58353 | ENDOMETR ABLATE THERMAL | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58356 | ENDOMETRIAL CRYOABLATION | Y | - | 4/1/2024 | Fee Schedule | \$3,341.29 |
| 58541 | LSH UTERUS 250 G OR LESS | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58542 | LSH W/T/O UT 250 G OR LESS | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58543 | LSH UTERUS ABOVE 250 G | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58544 | LSH W/T/O UTERUS ABOVE 250 G | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58545 | LAPAROSCOPIC MYOMECTIONY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58546 | LAPARO-MYOMECTIONY COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58550 | LAPARO-ASST VAG HYSTERECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58552 | LAPARO-VAG HYST INCL T/O | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58553 | LAPARO-VAG HYST COMPLEX | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58554 | LAPARO-VAG HYST W/T/O COMPL | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|--------------|------------|
| 58555 | HYSTEROSCOPY DX SEP PROC | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58558 | HYSTEROSCOPY BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58559 | HYSTEROSCOPY LYSIS | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58560 | HYSTEROSCOPY RESECT SEPTUM | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58561 | HYSTEROSCOPY REMOVE MYOMA | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58562 | HYSTEROSCOPY REMOVE FB | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58563 | HYSTEROSCOPY ABLATION | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 58565 | HYSTEROSCOPY STERILIZATION | Y | - | 4/1/2024 | Fee Schedule | \$2,689.36 |
| 58570 | TLH UTERUS 250 G OR LESS | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58571 | TLH W/T/O 250 G OR LESS | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58572 | TLH UTERUS OVER 250 G | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58573 | TLH W/T/O UTERUS OVER 250 G | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58580 | TRANSCRV ABLTJ UTRN FIBRD RF | Y | - | 4/1/2024 | Fee Schedule | \$3,975.84 |
| 58600 | DIVISION OF FALLOPIAN TUBE | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58615 | OCCLUDE FALLOPIAN TUBE(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58660 | LAPAROSCOPY LYSIS | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58661 | LAPAROSCOPY REMOVE ADNEXA | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58662 | LAPAROSCOPY EXCISE LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58670 | LAPAROSCOPY TUBAL CAUTERY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58671 | LAPAROSCOPY TUBAL BLOCK | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58672 | LAPAROSCOPY FIMBRIPLASTY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 58673 | LAPAROSCOPY SALPINGOSTOMY | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58674 | LAPS ABLTJ UTERINE FIBROIDS | Y | - | 4/1/2024 | Fee Schedule | \$4,540.13 |
| 58770 | CREATE NEW TUBAL OPENING | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58800 | DRAINAGE OF OVARIAN CYST(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58805 | DRAINAGE OF OVARIAN CYST(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58820 | DRAIN OVARY ABSCESS OPEN | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58900 | BIOPSY OF OVARY(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 58920 | PARTIAL REMOVAL OF OVARY(S) | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58925 | REMOVAL OF OVARIAN CYST(S) | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 58970 | RETRIEVAL OF OOCYTE | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 58974 | TRANSFER OF EMBRYO | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 58976 | TRANSFER OF EMBRYO | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 59000 | AMNIOCENTESIS DIAGNOSTIC | Y | - | 4/1/2024 | Fee Schedule | \$62.25 |
| 59001 | AMNIOCENTESIS THERAPEUTIC | Y | - | 4/1/2024 | Fee Schedule | \$166.40 |
| 59012 | FETAL CORD PUNCTURE PRENATAL | Y | - | 4/1/2024 | Fee Schedule | \$166.40 |
| 59015 | CHORION BIOPSY | Y | - | 4/1/2024 | Fee Schedule | \$63.24 |
| 59020 | FETAL CONTRACT STRESS TEST | Y | - | 4/1/2024 | Fee Schedule | \$43.28 |
| 59025 | FETAL NON-STRESS TEST | Y | - | 4/1/2024 | Fee Schedule | \$26.96 |
| 59030 | FETAL SCALP BLOOD SAMPLE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 59070 | TRANSABDOM AMNIOINFUS W/US | Y | - | 4/1/2024 | Fee Schedule | \$166.40 |
| 59072 | UMBILICAL CORD OCCLUD W/US | Y | - | 4/1/2024 | Fee Schedule | \$222.99 |
| 59074 | FETAL FLUID DRAINAGE W/US | Y | - | 4/1/2024 | Fee Schedule | \$166.40 |
| 59076 | FETAL SHUNT PLACEMENT W/US | Y | - | 4/1/2024 | Fee Schedule | \$166.40 |
| 59100 | REMOVE UTERUS LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,135.33 |
| 59150 | TREAT ECTOPIC PREGNANCY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 59151 | TREAT ECTOPIC PREGNANCY | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 59160 | D & C AFTER DELIVERY | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59200 | INSERT CERVICAL DILATOR | Y | - | 4/1/2024 | Fee Schedule | \$71.23 |
| 59300 | EPISIOTOMY OR VAGINAL REPAIR | Y | - | 4/1/2024 | Fee Schedule | \$126.83 |
| 59320 | REVISION OF CERVIX | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|--------------------------------|--------------------|----|-----------|---------------------|-------------|
| 59409 | OBSTETRICAL CARE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 59412 | ANTEPARTUM MANIPULATION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59414 | DELIVER PLACENTA | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59612 | VBAC DELIVERY ONLY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 59812 | TREATMENT OF MISCARRIAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59820 | CARE OF MISCARRIAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59821 | TREATMENT OF MISCARRIAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59840 | ABORTION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59841 | ABORTION | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59866 | ABORTION (MPR) | Y | - | 4/1/2024 | Fee Schedule | \$166.40 |
| 59870 | EVACUATE MOLE OF UTERUS | Y | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 59871 | REMOVE CERCLAGE SUTURE | - | - | 4/1/2024 | Fee Schedule | \$1,586.07 |
| 60000 | DRAIN THYROID/TONGUE CYST | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 60100 | BIOPSY OF THYROID | Y | - | 4/1/2024 | Fee Schedule | \$51.93 |
| 60200 | REMOVE THYROID LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60210 | PARTIAL THYROID EXCISION | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60212 | PARTIAL THYROID EXCISION | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60220 | PARTIAL REMOVAL OF THYROID | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60225 | PARTIAL REMOVAL OF THYROID | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60240 | REMOVAL OF THYROID | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60252 | REMOVAL OF THYROID | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 60260 | REPEAT THYROID SURGERY | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 60271 | REMOVAL OF THYROID | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 60280 | REMOVE THYROID DUCT LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60281 | REMOVE THYROID DUCT LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,705.16 |
| 60300 | ASPIR/INJ THYROID CYST | Y | - | 4/1/2024 | Fee Schedule | \$71.23 |
| 60500 | EXPLORE PARATHYROID GLANDS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 60502 | RE-EXPLORE PARATHYROIDS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 60512 | AUTOTRANSPLANT PARATHYROID | - | - | 1/1/2021 | No Separate Payment | \$0.00 |
| 60520 | REMOVAL OF THYMUS GLAND | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 61000 | REMOVE CRANIAL CAVITY FLUID | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 61001 | REMOVE CRANIAL CAVITY FLUID | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 61020 | REMOVE BRAIN CAVITY FLUID | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 61026 | INJECTION INTO BRAIN CANAL | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 61050 | REMOVE BRAIN CANAL FLUID | Y | - | 4/1/2024 | Fee Schedule | \$153.62 |
| 61055 | INJECTION INTO BRAIN CANAL | Y | - | 4/1/2024 | Fee Schedule | \$153.62 |
| 61070 | BRAIN CANAL SHUNT PROCEDURE | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 61215 | INSERT BRAIN-FLUID DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 61330 | DECOMPRESS EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 61623 | ENDOVASC TEMPORARY VESSEL OCCL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 61626 | TRANSCATH OCCLUSION NON-CNS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 61720 | INCISE SKULL/BRAIN SURGERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 61770 | INCISE SKULL FOR TREATMENT | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 61781 | SCAN PROC CRANIAL INTRA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 61782 | SCAN PROC CRANIAL EXTRA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 61783 | SCAN PROC SPINAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 61790 | TREAT TRIGEMINAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 61791 | TREAT TRIGEMINAL TRACT | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 61880 | REVISE/REMOVE NEUROELECTRODE | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 61885 | INSRT/REDO NEUROSTIM 1 ARRAY | - | - | 4/1/2024 | Fee Schedule | \$19,360.89 |
| 61886 | IMPLANT NEUROSTIM ARRAYS | - | - | 4/1/2024 | Fee Schedule | \$25,315.92 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 61888 | REVISE/REMOVE NEURORECEIVER | Y | - | 4/1/2024 | Fee Schedule | \$10,774.08 |
| 62000 | TREAT SKULL FRACTURE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 62160 | NEUROENDOSCOPY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62194 | REPLACE/IRRIGATE CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 62225 | REPLACE/IRRIGATE CATHETER | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 62230 | REPLACE/REVISE BRAIN SHUNT | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 62252 | CSF SHUNT REPROGRAM | - | - | 4/1/2024 | Fee Schedule | \$52.26 |
| 62263 | EPIDURAL LYSIS MULT SESSIONS | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62264 | EPIDURAL LYSIS ON SINGLE DAY | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62267 | INTERDISCAL PERQ ASPIR DX | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| 62268 | DRAIN SPINAL CORD CYST | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62269 | NEEDLE BIOPSY SPINAL CORD | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 62270 | DX LMBR SPI PNXR | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62272 | THER SPI PNXR DRG CSF | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62273 | INJECT EPIDURAL PATCH | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62280 | TREAT SPINAL CORD LESION | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62281 | TREAT SPINAL CORD LESION | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62282 | TREAT SPINAL CANAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62284 | INJECTION FOR MYELOGRAM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62287 | DCMPRN PX PERQ 1/MLT LUMBAR | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 62290 | NJX PX DISCOGRAPHY LUMBAR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62291 | NJX PX DISCOGRAPHY CRV/THRC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62292 | NJX CHEMONUCLEOLYSIS LMBR | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 62294 | INJECTION INTO SPINAL ARTERY | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62302 | MYELOGRAPHY LUMBAR INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62303 | MYELOGRAPHY LUMBAR INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62304 | MYELOGRAPHY LUMBAR INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62305 | MYELOGRAPHY LUMBAR INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 62320 | NJX INTERLAMINAR CRV/THRC | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62321 | NJX INTERLAMINAR CRV/THRC | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62322 | NJX INTERLAMINAR LMBR/SAC | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62323 | NJX INTERLAMINAR LMBR/SAC | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62324 | NJX INTERLAMINAR CRV/THRC | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62325 | NJX INTERLAMINAR CRV/THRC | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62326 | NJX INTERLAMINAR LMBR/SAC | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62327 | NJX INTERLAMINAR LMBR/SAC | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 62328 | DX LMBR SPI PNXR W/FLUOR/CT | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62329 | THER SPI PNXR CSF FLUOR/CT | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 62350 | IMPLANT SPINAL CANAL CATH | Y | - | 4/1/2024 | Fee Schedule | \$4,262.50 |
| 62351 | IMPLANT SPINAL CANAL CATH | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 62355 | REMOVE SPINAL CANAL CATHETER | - | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 62360 | INSERT SPINE INFUSION DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$13,893.27 |
| 62361 | IMPLANT SPINE INFUSION PUMP | Y | - | 4/1/2024 | Fee Schedule | \$14,007.64 |
| 62362 | IMPLANT SPINE INFUSION PUMP | Y | - | 4/1/2024 | Fee Schedule | \$14,034.26 |
| 62365 | REMOVE SPINE INFUSION DEVICE | - | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 62367 | ANALYZE SPINE INFUS PUMP | - | - | 4/1/2024 | Fee Schedule | \$13.98 |
| 62368 | ANALYZE SP INF PUMP W/REPROG | - | - | 4/1/2024 | Fee Schedule | \$19.31 |
| 62369 | ANAL SP INF PMP W/REPRG&FILL | - | - | 4/1/2024 | Fee Schedule | \$67.24 |
| 62370 | ANL SP INF PMP W/MDREPRG&FIL | - | - | 4/1/2024 | Fee Schedule | \$58.92 |
| 62380 | NDSC DCMPRN 1 NTRSPC LUMBAR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63001 | REMOVE SPINE LAMINA 1/2 CRVL | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 63003 | REMOVE SPINE LAMINA 1/2 THRC | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63005 | REMOVE SPINE LAMINA 1/2 LMBR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63011 | REMOVE SPINE LAMINA 1/2 SCRL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63012 | REMOVE LAMINA/FACETS LUMBAR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63015 | REMOVE SPINE LAMINA >2 CRVCL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63016 | REMOVE SPINE LAMINA >2 THRC | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63017 | REMOVE SPINE LAMINA >2 LMBR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63020 | NECK SPINE DISK SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63030 | LOW BACK DISK SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63035 | SPINAL DISK SURGERY ADD-ON | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63040 | LAMINOTOMY SINGLE CERVICAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63042 | LAMINOTOMY SINGLE LUMBAR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63043 | LAMINOTOMY ADDL CERVICAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63044 | LAMINOTOMY ADDL LUMBAR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 63045 | LAM FACETEC & FORAMOT CRV | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63046 | LAM FACETEC & FORAMOT THRC | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63047 | LAM FACETEC & FORAMOT LUMBAR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63048 | REMOVE SPINAL LAMINA ADD-ON | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63055 | DECOMPRESS SPINAL CORD THRC | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63056 | DECOMPRESS SPINAL CORD LMBR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| 63057 | DECOMPRESS SPINE CORD ADD-ON | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63064 | DECOMPRESS SPINAL CORD THRC | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63066 | DECOMPRESS SPINE CORD ADD-ON | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63075 | NECK SPINE DISK SURGERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63076 | NECK SPINE DISK SURGERY | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63600 | REMOVE SPINAL CORD LESION | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 63610 | STIMULATION OF SPINAL CORD | Y | - | 4/1/2024 | Fee Schedule | \$1,257.71 |
| 63650 | IMPLANT NEUROELECTRODES | - | - | 4/1/2024 | Fee Schedule | \$4,948.40 |
| 63655 | IMPLANT NEUROELECTRODES | - | - | 4/1/2024 | Fee Schedule | \$17,977.56 |
| 63661 | REMOVE SPINE ELTRD PERQ ARAY | - | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 63662 | REMOVE SPINE ELTRD PLATE | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 63663 | REVISE SPINE ELTRD PERQ ARAY | - | - | 4/1/2024 | Fee Schedule | \$4,860.88 |
| 63664 | REVISE SPINE ELTRD PLATE | - | - | 4/1/2024 | Fee Schedule | \$10,310.07 |
| 63685 | INS/RPLC SPI NPG/RCVR POCKET | - | - | 4/1/2024 | Fee Schedule | \$25,273.71 |
| 63688 | REV/RMV IMP SP NPG/R DTCH CN | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 63741 | INSTALL SPINAL SHUNT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 63744 | REVISION OF SPINAL SHUNT | Y | - | 4/1/2024 | Fee Schedule | \$4,199.22 |
| 63746 | REMOVAL OF SPINAL SHUNT | - | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64400 | NJX AA&/STRD TRIGEMINAL NRV | Y | - | 4/1/2024 | Fee Schedule | \$81.89 |
| 64405 | NJX AA&/STRD GR OCPL NRV | Y | - | 4/1/2024 | Fee Schedule | \$36.95 |
| 64408 | NJX AA&/STRD VAGUS NRV | Y | - | 4/1/2024 | Fee Schedule | \$52.92 |
| 64415 | NJX AA&/STRD BRCH PLXS IMG | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64416 | NJX AA&/STRD BRCH PL NFS IMG | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64417 | NJX AA&/STRD AX NERVE IMG | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64418 | NJX AA&/STRD SPRSCAP NRV | Y | - | 4/1/2024 | Fee Schedule | \$45.60 |
| 64420 | NJX AA&/STRD NTRCOST NRV 1 | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 64421 | NJX AA&/STRD NTRCOST NRV EA | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64425 | NJX AA&/STRD II IH NERVES | Y | - | 4/1/2024 | Fee Schedule | \$73.90 |
| 64430 | NJX AA&/STRD PUDENDAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64435 | NJX AA&/STRD PARACRV NRV | Y | - | 4/1/2024 | Fee Schedule | \$51.27 |
| 64445 | NJX AA&/STRD SCIATIC NRV IMG | Y | - | 4/1/2024 | Fee Schedule | \$107.51 |

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|-----------|-------------------------------|--------------------|----|-----------|---------------------|-------------|
| 64446 | NJX AA&/STRD SC NRV NFS IMG | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64447 | NJX AA&/STRD FEMORAL NRV IMG | Y | - | 4/1/2024 | Fee Schedule | \$67.57 |
| 64448 | NJX AA&/STRD FEM NRV NFS IMG | Y | - | 4/1/2024 | Fee Schedule | \$646.31 |
| 64449 | NJX AA&/STRD LMBR PLEX NFS | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64450 | NJX AA&/STRD OTHER PN/BRANCH | Y | - | 4/1/2024 | Fee Schedule | \$47.27 |
| 64451 | NJX AA&/STRD NRV NRVVTG SI JT | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 64454 | NJX AA&/STRD GNCLR NRV BRNCH | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 64455 | NJX AA&/STRD PLTR COM DG NRV | Y | - | 4/1/2024 | Fee Schedule | \$22.96 |
| 64461 | PVB THORACIC SINGLE INJ SITE | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 64462 | PVB THORACIC 2ND+ INJ SITE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64463 | PVB THORACIC CONT INFUSION | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| 64479 | NJX AA&/STRD TFRM EPI C/T 1 | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64480 | NJX AA&/STRD TFRM EPI C/T EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64483 | NJX AA&/STRD TFRM EPI L/S 1 | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64484 | NJX AA&/STRD TFRM EPI L/S EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64486 | TAP BLOCK UNIL BY INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64487 | TAP BLOCK UNI BY INFUSION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64488 | TAP BLOCK BI INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64489 | TAP BLOCK BI BY INFUSION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64490 | INJ PARAVERT F JNT C/T 1 LEV | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64491 | INJ PARAVERT F JNT C/T 2 LEV | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64492 | INJ PARAVERT F JNT C/T 3 LEV | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64493 | INJ PARAVERT F JNT L/S 1 LEV | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64494 | INJ PARAVERT F JNT L/S 2 LEV | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64495 | INJ PARAVERT F JNT L/S 3 LEV | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64505 | N BLOCK SPENOPALATINE GANGL | Y | - | 4/1/2024 | Fee Schedule | \$87.87 |
| 64510 | N BLOCK STELLATE GANGLION | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64517 | N BLOCK INJ HYPOGAS PLXS | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64520 | N BLOCK LUMBAR/THORACIC | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64530 | N BLOCK INJ CELIAC PELUS | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64553 | IMPLANT NEUROELECTRODES | - | - | 4/1/2024 | Fee Schedule | \$11,428.12 |
| 64555 | IMPLANT NEUROELECTRODES | - | - | 4/1/2024 | Fee Schedule | \$5,615.04 |
| 64561 | IMPLANT NEUROELECTRODES | - | - | 4/1/2024 | Fee Schedule | \$5,037.08 |
| 64566 | NEUROELTRD STIM POST TIBIAL | Y | - | 4/1/2024 | Fee Schedule | \$93.87 |
| 64568 | OPN IMPLTJ CRNL NRV NEA&PG | - | - | 4/1/2024 | Fee Schedule | \$25,661.00 |
| 64569 | REVISE/REPL VAGUS N ELTRD | - | - | 4/1/2024 | Fee Schedule | \$12,028.22 |
| 64570 | REMOVE VAGUS N ELTRD | - | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64575 | OPN IMPLTJ NEA PERPH NERVE | - | - | 4/1/2024 | Fee Schedule | \$11,344.15 |
| 64580 | OPN IMPLTJ NEA NEUROMUSCULAR | - | - | 4/1/2024 | Fee Schedule | \$15,835.00 |
| 64581 | OPN IMPLTJ NEA SACRAL NERVE | - | - | 4/1/2024 | Fee Schedule | \$5,356.31 |
| 64582 | OPN MPLTJ HPGLSL NSTM ARY PG | - | - | 4/1/2024 | Fee Schedule | \$24,846.71 |
| 64583 | REV/RPLCT HPGLSL NSTM ARY PG | Y | - | 4/1/2024 | Fee Schedule | \$10,809.02 |
| 64584 | RMVL HPGLSL NSTIM ARY PG | - | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64585 | REV/RMV PERPH NSTIM ELTRD RA | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 64590 | INS/RPL PRPH SAC/GSTR NPG/R | - | - | 4/1/2024 | Fee Schedule | \$18,989.25 |
| 64595 | REV/RMV PRPH SAC/GSTR NPG/R | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 64596 | INS/RPLCMT PRQ ELTRD RA PN 1 | Y | - | 4/1/2024 | Fee Schedule | \$9,223.88 |
| 64597 | INS/RPLCM PRQ ELTRD RA PN EA | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 64598 | REVJ/RMVL NEA PN W/INT NSTIM | Y | - | 4/1/2024 | Fee Schedule | \$1,897.94 |
| 64600 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64605 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |

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|-----------|-------------------------------|--------------------|----|-----------|---------------------|------------|
| 64610 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64611 | CHEMODENERV SALIV GLANDS | Y | - | 4/1/2024 | Fee Schedule | \$85.88 |
| 64612 | DESTROY NERVE FACE MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$81.55 |
| 64615 | CHEMODENERV MUSC MIGRAINE | Y | - | 4/1/2024 | Fee Schedule | \$71.90 |
| 64616 | CHEMODENERV MUSC NECK DYSTON | Y | - | 4/1/2024 | Fee Schedule | \$71.23 |
| 64617 | CHEMODENER MUSCLE LARYNX EMG | Y | - | 4/1/2024 | Fee Schedule | \$89.88 |
| 64620 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64624 | DSTRJ NULYT AGT GNCLR NRV | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64625 | RF ABLTJ NRV NRV TG SI JT | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64628 | TRML DSTRJ IOS BVN 1ST 2 L/S | Y | - | 4/1/2024 | Fee Schedule | \$9,396.53 |
| 64630 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64632 | N BLOCK INJ COMMON DIGIT | Y | - | 4/1/2024 | Fee Schedule | \$46.60 |
| 64633 | DESTROY CERV/THOR FACET JNT | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64634 | DESTROY C/TH FACET JNT ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64635 | DESTROY LUMB/SAC FACET JNT | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64636 | DESTROY L/S FACET JNT ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64640 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$175.42 |
| 64642 | CHEMODENERV 1 EXTREMITY 1-4 | Y | - | 4/1/2024 | Fee Schedule | \$85.55 |
| 64643 | CHEMODENERV 1 EXTREM 1-4 EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64644 | CHEMODENERV 1 EXTREM 5/> MUS | Y | - | 4/1/2024 | Fee Schedule | \$104.53 |
| 64645 | CHEMODENERV 1 EXTREM 5/> EA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64646 | CHEMODENERV TRUNK MUSC 1-5 | Y | - | 4/1/2024 | Fee Schedule | \$85.88 |
| 64647 | CHEMODENERV TRUNK MUSC 6/> | Y | - | 4/1/2024 | Fee Schedule | \$94.87 |
| 64650 | CHEMODENERV ECCRINE GLANDS | Y | - | 4/1/2024 | Fee Schedule | \$61.59 |
| 64653 | CHEMODENERV ECCRINE GLANDS | Y | - | 4/1/2024 | Fee Schedule | \$68.90 |
| 64680 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64681 | INJECTION TREATMENT OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$472.76 |
| 64702 | REVISE FINGER/TOE NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64704 | REVISE HAND/FOOT NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64708 | REVISE ARM/LEG NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64712 | REVISION OF SCIATIC NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64713 | REVISION OF ARM NERVE(S) | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64714 | REVISION OF LOW BACK NERVE(S) | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64716 | REVISION OF CRANIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$1,130.58 |
| 64718 | REVISE ULNAR NERVE AT ELBOW | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64719 | REVISE ULNAR NERVE AT WRIST | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64721 | CARPAL TUNNEL SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64722 | RELIEVE PRESSURE ON NERVE(S) | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64726 | RELEASE FOOT/TOE NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64727 | INTERNAL NERVE REVISION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64732 | INCISION OF BROW NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64734 | INCISION OF CHEEK NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64736 | INCISION OF CHIN NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64738 | INCISION OF JAW NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64740 | INCISION OF TONGUE NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64742 | INCISION OF FACIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64744 | INCISE NERVE BACK OF HEAD | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64746 | INCISE DIAPHRAGM NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64763 | INCISE HIP/THIGH NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64766 | INCISE HIP/THIGH NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64771 | SEVER CRANIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 64772 | INCISION OF SPINAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64774 | REMOVE SKIN NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64776 | REMOVE DIGIT NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64778 | DIGIT NERVE SURGERY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64782 | REMOVE LIMB NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64783 | LIMB NERVE SURGERY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64784 | REMOVE NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64786 | REMOVE SCIATIC NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64787 | IMPLANT NERVE END | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64788 | REMOVE SKIN NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64790 | REMOVAL OF NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64792 | REMOVAL OF NERVE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64795 | BIOPSY OF NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64802 | SYMPATHECTOMY CERVICAL | Y | - | 4/1/2024 | Fee Schedule | \$1,130.58 |
| 64804 | REMOVE SYMPATHETIC NERVES | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 64820 | SYMPATHECTOMY DIGITAL ARTERY | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64821 | REMOVE SYMPATHETIC NERVES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 64822 | REMOVE SYMPATHETIC NERVES | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 64823 | SYMPATHECTOMY SUPFC PALMAR | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 64831 | REPAIR OF DIGIT NERVE | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64832 | REPAIR NERVE ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64834 | REPAIR OF HAND OR FOOT NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64835 | REPAIR OF HAND OR FOOT NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64836 | REPAIR OF HAND OR FOOT NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64837 | REPAIR NERVE ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64840 | REPAIR OF LEG NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64856 | REPAIR/TRANSPOSE NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64857 | REPAIR ARM/LEG NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64858 | REPAIR SCIATIC NERVE | Y | - | 4/1/2024 | Fee Schedule | \$1,496.62 |
| 64859 | NERVE SURGERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64861 | REPAIR OF ARM NERVES | Y | - | 4/1/2024 | Fee Schedule | \$897.67 |
| 64862 | REPAIR OF LOW BACK NERVES | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64864 | REPAIR OF FACIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64865 | REPAIR OF FACIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$3,794.04 |
| 64872 | SUBSEQUENT REPAIR OF NERVE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64874 | REPAIR & REVISE NERVE ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64876 | REPAIR NERVE/SHORTEN BONE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64885 | NERVE GRAFT HEAD/NECK <4 CM | Y | - | 4/1/2024 | Fee Schedule | \$4,495.47 |
| 64886 | NERVE GRAFT HEAD/NECK >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64890 | NRV GRF 1STRND HND/FOOT <4CM | Y | - | 4/1/2024 | Fee Schedule | \$4,582.46 |
| 64891 | NRV GRF 1STRND HND/FOOT >4CM | Y | - | 4/1/2024 | Fee Schedule | \$3,794.04 |
| 64892 | NRV GRF 1STRND ARM/LEG <4CM | Y | - | 4/1/2024 | Fee Schedule | \$4,615.49 |
| 64893 | NRV GRF 1STRND ARM/LEG >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$4,676.76 |
| 64895 | NRV GRF MLTST HND/FOOT <4 CM | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64896 | NRV GRF MLTST HND/FOOT >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64897 | NRV GRF MLTST ARM/LEG <4 CM | Y | - | 4/1/2024 | Fee Schedule | \$4,082.74 |
| 64898 | NRV GRF MLTST ARM/LEG >4 CM | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64901 | NERVE GRAFT ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64902 | NERVE GRAFT ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 64905 | NERVE PEDICLE TRANSFER | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| 64907 | NERVE PEDICLE TRANSFER | Y | - | 4/1/2024 | Fee Schedule | \$3,012.44 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 64910 | NERVE REPAIR W/ALLOGRAFT | Y | - | 4/1/2024 | Fee Schedule | \$4,287.72 |
| 64911 | NEURORRAPHY W/VEIN AUTOGRAFT | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 64912 | NRV RPR W/NRV ALGRFT 1ST | Y | - | 4/1/2024 | Fee Schedule | \$4,579.18 |
| 64913 | NRV RPR W/NRV ALGRFT EA ADDL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65091 | REVISE EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65093 | REVISE EYE WITH IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65101 | REMOVAL OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65103 | REMOVE EYE/INSERT IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65105 | REMOVE EYE/ATTACH IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65110 | REMOVAL OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65112 | REMOVE EYE/REVISE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65114 | REMOVE EYE/REVISE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65125 | REVISE OCULAR IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 65130 | INSERT OCULAR IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65135 | INSERT OCULAR IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,920.16 |
| 65140 | ATTACH OCULAR IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65150 | REVISE OCULAR IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65155 | REINSERT OCULAR IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65175 | REMOVAL OF OCULAR IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65205 | REMOVE FOREIGN BODY FROM EYE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65210 | REMOVE FOREIGN BODY FROM EYE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65220 | REMOVE FOREIGN BODY FROM EYE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65222 | REMOVE FOREIGN BODY FROM EYE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65235 | REMOVE FOREIGN BODY FROM EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65260 | REMOVE FOREIGN BODY FROM EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65265 | REMOVE FOREIGN BODY FROM EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65270 | REPAIR OF EYE WOUND | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 65272 | REPAIR OF EYE WOUND | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 65275 | REPAIR OF EYE WOUND | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65280 | REPAIR OF EYE WOUND | Y | - | 4/1/2024 | Fee Schedule | \$2,585.25 |
| 65285 | REPAIR OF EYE WOUND | Y | - | 4/1/2024 | Fee Schedule | \$2,585.25 |
| 65286 | REPAIR OF EYE WOUND | Y | - | 4/1/2024 | Fee Schedule | \$455.04 |
| 65290 | REPAIR OF EYE SOCKET WOUND | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65400 | REMOVAL OF EYE LESION | Y | - | 4/1/2024 | Fee Schedule | \$525.12 |
| 65410 | BIOPSY OF CORNEA | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 65420 | REMOVAL OF EYE LESION | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 65426 | REMOVAL OF EYE LESION | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 65430 | CORNEAL SMEAR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65435 | CURETTE/TREAT CORNEA | Y | - | 4/1/2024 | Fee Schedule | \$48.93 |
| 65436 | CURETTE/TREAT CORNEA | Y | - | 4/1/2024 | Fee Schedule | \$212.04 |
| 65450 | TREATMENT OF CORNEAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 65600 | REVISION OF CORNEA | Y | - | 4/1/2024 | Fee Schedule | \$284.94 |
| 65710 | CORNEAL TRANSPLANT | Y | - | 4/1/2024 | Fee Schedule | \$2,585.25 |
| 65730 | CORNEAL TRANSPLANT | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 65750 | CORNEAL TRANSPLANT | Y | - | 4/1/2024 | Fee Schedule | \$2,585.25 |
| 65755 | CORNEAL TRANSPLANT | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 65756 | CORNEAL TRNSPL ENDOTHELIAL | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 65757 | PREP CORNEAL ENDO ALLOGRAFT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65770 | REVISE CORNEA WITH IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$10,762.69 |
| 65772 | CORRECTION OF ASTIGMATISM | Y | - | 4/1/2024 | Fee Schedule | \$525.12 |
| 65775 | CORRECTION OF ASTIGMATISM | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 65778 | COVER EYE W/MEMBRANE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65779 | COVER EYE W/MEMBRANE SUTURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 65780 | OCULAR RECONST TRANSPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65781 | OCULAR RECONST TRANSPLANT | Y | - | 4/1/2024 | Fee Schedule | \$3,829.85 |
| 65782 | OCULAR RECONST TRANSPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 65785 | IMPLTJ NTRSTRML CRNL RNG SEG | Y | - | 4/1/2024 | Fee Schedule | \$1,922.02 |
| 65800 | DRAINAGE OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65810 | DRAINAGE OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65815 | DRAINAGE OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65820 | RELIEVE INNER EYE PRESSURE | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 65850 | INCISION OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65855 | TRABECULOPLASTY LASER SURG | Y | - | 4/1/2024 | Fee Schedule | \$135.48 |
| 65860 | INCISE INNER EYE ADHESIONS | Y | - | 4/1/2024 | Fee Schedule | \$176.42 |
| 65865 | INCISE INNER EYE ADHESIONS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65870 | INCISE INNER EYE ADHESIONS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65875 | INCISE INNER EYE ADHESIONS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65880 | INCISE INNER EYE ADHESIONS | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 65900 | REMOVE EYE LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65920 | REMOVE IMPLANT OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 65930 | REMOVE BLOOD CLOT FROM EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66020 | INJECTION TREATMENT OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66030 | INJECTION TREATMENT OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66130 | REMOVE EYE LESION | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 66150 | GLAUCOMA SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 66155 | GLAUCOMA SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$2,816.49 |
| 66160 | GLAUCOMA SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66170 | GLAUCOMA SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66172 | INCISION OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66174 | TRLUML DIL AQ O/F CAN W/O ST | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 66175 | TRLUML DIL AQ O/F CAN W/ST | Y | - | 4/1/2024 | Fee Schedule | \$3,560.89 |
| 66179 | AQUEOUS SHUNT EYE W/O GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$3,260.78 |
| 66180 | AQUEOUS SHUNT EYE W/GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,625.66 |
| 66183 | INSERT ANT DRAINAGE DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$2,919.86 |
| 66184 | REVISION OF AQUEOUS SHUNT | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66185 | REVISE AQUEOUS SHUNT EYE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66225 | REPAIR/GRAFT EYE LESION | Y | - | 4/1/2024 | Fee Schedule | \$3,256.02 |
| 66250 | FOLLOW-UP SURGERY OF EYE | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 66500 | INCISION OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66505 | INCISION OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66600 | REMOVE IRIS AND LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 66605 | REMOVAL OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66625 | REMOVAL OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66630 | REMOVAL OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66635 | REMOVAL OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66680 | REPAIR IRIS & CILIARY BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66682 | REPAIR IRIS & CILIARY BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66700 | DESTRUCTION CILIARY BODY | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66710 | CILIARY TRANSSLERAL THERAPY | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 66711 | ECP CILIARY BODY DESTRUCTION | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66720 | DESTRUCTION CILIARY BODY | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 66740 | DESTRUCTION CILIARY BODY | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 66761 | REVISION OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$189.40 |
| 66762 | REVISION OF IRIS | Y | - | 4/1/2024 | Fee Schedule | \$281.62 |
| 66770 | REMOVAL OF INNER EYE LESION | Y | - | 4/1/2024 | Fee Schedule | \$301.49 |
| 66820 | INCISION SECONDARY CATARACT | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66821 | AFTER CATARACT LASER SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$301.49 |
| 66825 | REPOSITION INTRAOCULAR LENS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66830 | REMOVAL OF LENS LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66840 | REMOVAL OF LENS MATERIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66850 | REMOVAL OF LENS MATERIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66852 | REMOVAL OF LENS MATERIAL | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 66920 | EXTRACTION OF LENS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66930 | EXTRACTION OF LENS | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 66940 | EXTRACTION OF LENS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66982 | XCAPSL CTRC RMVL CPLX WO ECP | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66983 | CATARACT SURG W/IOL 1 STAGE | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66984 | XCAPSL CTRC RMVL W/O ECP | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66985 | INSERT LENS PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66986 | EXCHANGE LENS PROSTHESIS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 66987 | XCAPSL CTRC RMVL CPLX W/ECP | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 66988 | XCAPSL CTRC RMVL W/ECP | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 66989 | XCPSL CTRC RMVL CPLX INSJ 1+ | Y | - | 4/1/2024 | Fee Schedule | \$3,665.01 |
| 66990 | OPHTHALMIC ENDOSCOPE ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 66991 | XCAPSL CTRC RMVL INSJ 1+ | Y | - | 4/1/2024 | Fee Schedule | \$3,732.50 |
| 67005 | PARTIAL REMOVAL OF EYE FLUID | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 67010 | PARTIAL REMOVAL OF EYE FLUID | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 67015 | RELEASE OF EYE FLUID | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 67025 | REPLACE EYE FLUID | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 67027 | IMPLANT EYE DRUG SYSTEM | Y | - | 4/1/2024 | Fee Schedule | \$2,019.90 |
| 67028 | INJECTION EYE DRUG | - | - | 4/1/2024 | Fee Schedule | \$60.58 |
| 67030 | INCISE INNER EYE STRANDS | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 67031 | LASER SURGERY EYE STRANDS | Y | - | 4/1/2024 | Fee Schedule | \$301.49 |
| 67036 | REMOVAL OF INNER EYE FLUID | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67039 | LASER TREATMENT OF RETINA | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67040 | LASER TREATMENT OF RETINA | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67041 | VIT FOR MACULAR PUCKER | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67042 | VIT FOR MACULAR HOLE | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67043 | VIT FOR MEMBRANE DISSECT | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67101 | REPAIR DETACHED RETINA CRTX | Y | - | 4/1/2024 | Fee Schedule | \$207.38 |
| 67105 | REPAIR DETACHED RETINA PC | Y | - | 4/1/2024 | Fee Schedule | \$172.76 |
| 67107 | REPAIR DETACHED RETINA | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67108 | REPAIR DETACHED RETINA | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67110 | REPAIR DETACHED RETINA | Y | - | 4/1/2024 | Fee Schedule | \$514.63 |
| 67113 | REPAIR RETINAL DETACH CPLX | Y | - | 4/1/2024 | Fee Schedule | \$2,585.25 |
| 67115 | RELEASE ENCIRCLING MATERIAL | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67120 | REMOVE EYE IMPLANT MATERIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 67121 | REMOVE EYE IMPLANT MATERIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 67141 | PROPH RTA DTCHMNT CRTX DTHRM | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 67145 | PROPH RTA DTCHMNT PC | Y | - | 4/1/2024 | Fee Schedule | \$150.79 |
| 67208 | TREATMENT OF RETINAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 67210 | TREATMENT OF RETINAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$282.28 |
| 67218 | TREATMENT OF RETINAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 67220 | TREATMENT OF CHOROID LESION | Y | - | 4/1/2024 | Fee Schedule | \$297.59 |
| 67221 | OCULAR PHOTODYNAMIC THER | Y | - | 4/1/2024 | Fee Schedule | \$145.46 |
| 67225 | EYE PHOTODYNAMIC THER ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67227 | DSTRJ EXTENSIVE RETINOPATHY | Y | - | 4/1/2024 | Fee Schedule | \$167.43 |
| 67228 | TREATMENT X10SV RETINOPATHY | Y | - | 4/1/2024 | Fee Schedule | \$178.76 |
| 67229 | TR RETINAL LES PRETERM INF | Y | - | 4/1/2024 | Fee Schedule | \$301.49 |
| 67250 | REINFORCE EYE WALL | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67255 | REINFORCE/GRAFT EYE WALL | Y | - | 4/1/2024 | Fee Schedule | \$2,044.80 |
| 67311 | REVISE EYE MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67312 | REVISE TWO EYE MUSCLES | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67314 | REVISE EYE MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67316 | REVISE TWO EYE MUSCLES | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67318 | REVISE EYE MUSCLE(S) | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67320 | REVISE EYE MUSCLE(S) ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67331 | EYE SURGERY FOLLOW-UP ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67332 | REREVISE EYE MUSCLES ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67334 | REVISE EYE MUSCLE W/SUTURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67335 | EYE SUTURE DURING SURGERY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67340 | REVISE EYE MUSCLE ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67343 | RELEASE EYE TISSUE | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67345 | DESTROY NERVE OF EYE MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$126.83 |
| 67346 | BIOPSY EYE MUSCLE | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67400 | EXPLORE/BIOPSY EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67405 | EXPLORE/DRAIN EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67412 | EXPLORE/TREAT EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67413 | EXPLORE/TREAT EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67414 | EXPLR/DECOMPRESS EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67415 | ASPIRATION ORBITAL CONTENTS | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67420 | EXPLORE/TREAT EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67430 | EXPLORE/TREAT EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67440 | EXPLORE/DRAIN EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,872.98 |
| 67445 | EXPLR/DECOMPRESS EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67450 | EXPLORE/BIOPSY EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67500 | INJECT/TREAT EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$34.29 |
| 67505 | INJECT/TREAT EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$42.94 |
| 67515 | INJECT/TREAT EYE SOCKET | Y | - | 4/1/2024 | Fee Schedule | \$23.97 |
| 67516 | SPRCHOROIDAL SPC NJX RX AGT | Y | - | 4/1/2024 | Fee Schedule | \$64.25 |
| 67550 | INSERT EYE SOCKET IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67560 | REVISE EYE SOCKET IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67570 | DECOMPRESS OPTIC NERVE | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67700 | DRAINAGE OF EYELID ABSCESS | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 67710 | INCISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$202.72 |
| 67715 | INCISION OF EYELID FOLD | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67800 | REMOVE EYELID LESION | Y | - | 4/1/2024 | Fee Schedule | \$77.89 |
| 67801 | REMOVE EYELID LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$93.87 |
| 67805 | REMOVE EYELID LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$121.50 |
| 67808 | REMOVE EYELID LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67810 | BIOPSY EYELID & LID MARGIN | Y | - | 4/1/2024 | Fee Schedule | \$140.14 |
| 67820 | REVISE EYELASHES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 67825 | REVISE EYELASHES | Y | - | 4/1/2024 | Fee Schedule | \$82.88 |
| 67830 | REVISE EYELASHES | Y | - | 4/1/2024 | Fee Schedule | \$525.12 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 67835 | REVISE EYELASHES | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67840 | REMOVE EYELID LESION | Y | - | 4/1/2024 | Fee Schedule | \$203.39 |
| 67850 | DSTRJ LESION LID MARGIN <1CM | Y | - | 4/1/2024 | Fee Schedule | \$152.12 |
| 67875 | CLOSURE OF EYELID BY SUTURE | Y | - | 4/1/2024 | Fee Schedule | \$525.12 |
| 67880 | REVISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67882 | REVISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67900 | REPAIR BROW DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67901 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67902 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67903 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67904 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67906 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67908 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67909 | REVISE EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67911 | REVISE EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67912 | CORRECTION EYELID W/IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67914 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67915 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$242.34 |
| 67916 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67917 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67921 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67922 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$233.35 |
| 67923 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67924 | REPAIR EYELID DEFECT | Y | Y | 4/1/2024 | Fee Schedule | \$978.41 |
| 67930 | REPAIR EYELID WOUND | Y | - | 4/1/2024 | Fee Schedule | \$237.34 |
| 67935 | REPAIR EYELID WOUND | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67938 | REMOVE EYELID FOREIGN BODY | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 67950 | REVISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67961 | REVISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67966 | REVISION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67971 | RECONSTRUCTION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67973 | RECONSTRUCTION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 67974 | RECONSTRUCTION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 67975 | RECONSTRUCTION OF EYELID | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68020 | INCISE/DRAIN EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$70.24 |
| 68040 | TREATMENT OF EYELID LESIONS | Y | - | 4/1/2024 | Fee Schedule | \$32.29 |
| 68100 | BIOPSY OF EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$130.15 |
| 68110 | REMOVE EYELID LINING LESION | Y | - | 4/1/2024 | Fee Schedule | \$170.10 |
| 68115 | REMOVE EYELID LINING LESION | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68130 | REMOVE EYELID LINING LESION | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68135 | REMOVE EYELID LINING LESION | Y | - | 4/1/2024 | Fee Schedule | \$88.88 |
| 68200 | TREAT EYELID BY INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 68320 | REVISE/GRAFT EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68325 | REVISE/GRAFT EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68326 | REVISE/GRAFT EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68328 | REVISE/GRAFT EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68330 | REVISE EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,183.57 |
| 68335 | REVISE/GRAFT EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68340 | SEPARATE EYELID ADHESIONS | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68360 | REVISE EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68362 | REVISE EYELID LINING | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 68371 | HARVEST EYE TISSUE ALOGRAFT | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68400 | INCISE/DRAIN TEAR GLAND | Y | - | 4/1/2024 | Fee Schedule | \$233.01 |
| 68420 | INCISE/DRAIN TEAR SAC | Y | - | 4/1/2024 | Fee Schedule | \$245.00 |
| 68440 | INCISE TEAR DUCT OPENING | Y | - | 4/1/2024 | Fee Schedule | \$68.90 |
| 68500 | REMOVAL OF TEAR GLAND | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68505 | PARTIAL REMOVAL TEAR GLAND | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68510 | BIOPSY OF TEAR GLAND | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68520 | REMOVAL OF TEAR SAC | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68525 | BIOPSY OF TEAR SAC | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68530 | CLEARANCE OF TEAR DUCT | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 68540 | REMOVE TEAR GLAND LESION | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68550 | REMOVE TEAR GLAND LESION | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68700 | REPAIR TEAR DUCTS | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68705 | REVISE TEAR DUCT OPENING | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 68720 | CREATE TEAR SAC DRAIN | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68745 | CREATE TEAR DUCT DRAIN | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68750 | CREATE TEAR DUCT DRAIN | Y | - | 4/1/2024 | Fee Schedule | \$1,487.13 |
| 68760 | CLOSE TEAR DUCT OPENING | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 68761 | CLOSE TEAR DUCT OPENING | Y | - | 4/1/2024 | Fee Schedule | \$95.54 |
| 68770 | CLOSE TEAR SYSTEM FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68801 | DILATE TEAR DUCT OPENING | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 68810 | PROBE NASOLACRIMAL DUCT | Y | - | 4/1/2024 | Fee Schedule | \$151.10 |
| 68811 | PROBE NASOLACRIMAL DUCT | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68815 | PROBE NASOLACRIMAL DUCT | Y | - | 4/1/2024 | Fee Schedule | \$978.41 |
| 68816 | PROBE NL DUCT W/BALLOON | Y | - | 4/1/2024 | Fee Schedule | \$1,256.25 |
| 68840 | EXPLORE/IRRIGATE TEAR DUCTS | Y | - | 4/1/2024 | Fee Schedule | \$86.22 |
| 68841 | INSJ RX ELUT IMPLT LAC CANAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 68850 | INJECTION FOR TEAR SAC X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 69000 | DRAIN EXTERNAL EAR LESION | Y | - | 4/1/2024 | Fee Schedule | \$129.48 |
| 69005 | DRAIN EXTERNAL EAR LESION | Y | - | 4/1/2024 | Fee Schedule | \$137.81 |
| 69020 | DRAIN OUTER EAR CANAL LESION | Y | - | 4/1/2024 | Fee Schedule | \$175.09 |
| 69100 | BIOPSY OF EXTERNAL EAR | Y | - | 4/1/2024 | Fee Schedule | \$65.58 |
| 69105 | BIOPSY OF EXTERNAL EAR CANAL | Y | - | 4/1/2024 | Fee Schedule | \$112.52 |
| 69110 | REMOVE EXTERNAL EAR PARTIAL | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 69120 | REMOVAL OF EXTERNAL EAR | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69140 | REMOVE EAR CANAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69145 | REMOVE EAR CANAL LESION(S) | Y | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| 69150 | EXTENSIVE EAR CANAL SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69200 | CLEAR OUTER EAR CANAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 69205 | CLEAR OUTER EAR CANAL | Y | - | 4/1/2024 | Fee Schedule | \$682.83 |
| 69209 | REMOVE IMPACTED EAR WAX UNI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 69210 | REMOVE IMPACTED EAR WAX UNI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 69220 | CLEAN OUT MASTOID CAVITY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 69222 | CLEAN OUT MASTOID CAVITY | Y | - | 4/1/2024 | Fee Schedule | \$162.11 |
| 69300 | REVISE EXTERNAL EAR | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| 69310 | REBUILD OUTER EAR CANAL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69320 | REBUILD OUTER EAR CANAL | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69420 | INCISION OF EARDRUM | Y | - | 4/1/2024 | Fee Schedule | \$126.69 |
| 69421 | INCISION OF EARDRUM | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69424 | REMOVE VENTILATING TUBE | - | - | 4/1/2024 | Fee Schedule | \$96.20 |
| 69433 | CREATE EARDRUM OPENING | Y | - | 4/1/2024 | Fee Schedule | \$143.47 |

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|-----------|------------------------------|--------------------|----|-----------|--------------|-------------|
| 69436 | CREATE EARDRUM OPENING | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 69440 | EXPLORATION OF MIDDLE EAR | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69450 | EARDRUM REVISION | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69501 | MASTOIDECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69502 | MASTOIDECTOMY | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69505 | REMOVE MASTOID STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69511 | EXTENSIVE MASTOID SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69530 | EXTENSIVE MASTOID SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69540 | REMOVE EAR LESION | Y | - | 4/1/2024 | Fee Schedule | \$164.44 |
| 69550 | REMOVE EAR LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69552 | REMOVE EAR LESION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69601 | MASTOID SURGERY REVISION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69602 | MASTOID SURGERY REVISION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69603 | MASTOID SURGERY REVISION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69604 | MASTOID SURGERY REVISION | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69610 | REPAIR OF EARDRUM | Y | - | 4/1/2024 | Fee Schedule | \$214.70 |
| 69620 | REPAIR OF EARDRUM | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69631 | REPAIR EARDRUM STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69632 | REBUILD EARDRUM STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69633 | REBUILD EARDRUM STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69635 | REPAIR EARDRUM STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69636 | REBUILD EARDRUM STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69637 | REBUILD EARDRUM STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69641 | REVISE MIDDLE EAR & MASTOID | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69642 | REVISE MIDDLE EAR & MASTOID | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69643 | REVISE MIDDLE EAR & MASTOID | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69644 | REVISE MIDDLE EAR & MASTOID | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69645 | REVISE MIDDLE EAR & MASTOID | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69646 | REVISE MIDDLE EAR & MASTOID | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69650 | RELEASE MIDDLE EAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69660 | REVISE MIDDLE EAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69661 | REVISE MIDDLE EAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69662 | REVISE MIDDLE EAR BONE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69666 | REPAIR MIDDLE EAR STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69667 | REPAIR MIDDLE EAR STRUCTURES | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69670 | REMOVE MASTOID AIR CELLS | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69676 | REMOVE MIDDLE EAR NERVE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69700 | CLOSE MASTOID FISTULA | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| 69705 | NPS SURG DILAT EUST TUBE UNI | Y | - | 4/1/2024 | Fee Schedule | \$3,898.18 |
| 69706 | NPS SURG DILAT EUST TUBE BI | Y | - | 4/1/2024 | Fee Schedule | \$3,848.51 |
| 69711 | REMOVE/REPAIR HEARING AID | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69714 | IMPL OI IMPLT SKULL PERQ ESP | Y | - | 4/1/2024 | Fee Schedule | \$10,019.97 |
| 69716 | IMPL OI IMPLT SK TC ESP<100 | Y | - | 4/1/2024 | Fee Schedule | \$10,039.55 |
| 69717 | RPLCMT OI IMPLT SKL PRQ ESP | Y | - | 4/1/2024 | Fee Schedule | \$5,391.51 |
| 69719 | RPLCM OI IMPLT SK TC ESP<100 | Y | - | 4/1/2024 | Fee Schedule | \$10,133.12 |
| 69720 | RELEASE FACIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69725 | RELEASE FACIAL NERVE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 69726 | RMV NTR OI IMPLT SKL PRQ ESP | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 69727 | RMV NTR OI IMP SK TC ESP<100 | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 69728 | RMV NTR OI IMP SK TC>=100 | Y | - | 4/1/2024 | Fee Schedule | \$1,518.75 |
| 69729 | IMPL OI IMPLT SK TC ESP>=100 | Y | - | 4/1/2024 | Fee Schedule | \$8,186.13 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
July 1, 2024**

| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| 69730 | RPLC OI IMPLT SK TC ESP>=100 | Y | - | 4/1/2024 | Fee Schedule | \$8,186.13 |
| 69740 | REPAIR FACIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69745 | REPAIR FACIAL NERVE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69801 | INCISE INNER EAR | Y | - | 4/1/2024 | Fee Schedule | \$150.13 |
| 69805 | EXPLORE INNER EAR | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69806 | EXPLORE INNER EAR | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69905 | REMOVE INNER EAR | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69910 | REMOVE INNER EAR & MASTOID | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| 69915 | INCISE INNER EAR NERVE | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| 69930 | IMPLANT COCHLEAR DEVICE | Y | - | 4/1/2024 | Fee Schedule | \$28,262.04 |
| 69955 | RELEASE FACIAL NERVE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 69960 | RELEASE INNER EAR CANAL | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 69970 | REMOVE INNER EAR LESION | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| 69990 | MICROSURGERY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70010 | CONTRAST X-RAY OF BRAIN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 70015 | CONTRAST X-RAY OF BRAIN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 70030 | X-RAY EYE FOR FOREIGN BODY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 70100 | X-RAY EXAM OF JAW <4VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 70110 | X-RAY EXAM OF JAW 4/> VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 70120 | X-RAY EXAM OF MASTOIDS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70130 | X-RAY EXAM OF MASTOIDS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70134 | X-RAY EXAM OF MIDDLE EAR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70140 | X-RAY EXAM OF FACIAL BONES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70150 | X-RAY EXAM OF FACIAL BONES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70160 | X-RAY EXAM OF NASAL BONES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70170 | X-RAY EXAM OF TEAR DUCT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70190 | X-RAY EXAM OF EYE SOCKETS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70200 | X-RAY EXAM OF EYE SOCKETS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70210 | X-RAY EXAM OF SINUSES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70220 | X-RAY EXAM OF SINUSES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70240 | X-RAY EXAM PITUITARY SADDLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70250 | X-RAY EXAM OF SKULL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70260 | X-RAY EXAM OF SKULL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70300 | X-RAY EXAM OF TEETH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70310 | X-RAY EXAM OF TEETH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70320 | FULL MOUTH X-RAY OF TEETH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70328 | X-RAY EXAM OF JAW JOINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70330 | X-RAY EXAM OF JAW JOINTS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70332 | X-RAY EXAM OF JAW JOINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70336 | MAGNETIC IMAGE JAW JOINT | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 70350 | X-RAY HEAD FOR ORTHODONTIA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70355 | PANORAMIC X-RAY OF JAWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70360 | X-RAY EXAM OF NECK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70370 | THROAT X-RAY & FLUOROSCOPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70371 | SPEECH EVALUATION COMPLEX | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 70380 | X-RAY EXAM OF SALIVARY GLAND | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70390 | X-RAY EXAM OF SALIVARY DUCT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 70450 | CT HEAD/BRAIN W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 70460 | CT HEAD/BRAIN W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70470 | CT HEAD/BRAIN W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70480 | CT ORBIT/EAR/FOSSA W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| 70481 | CT ORBIT/EAR/FOSSA W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70482 | CT ORBIT/EAR/FOSSA W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70486 | CT MAXILLOFACIAL W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 70487 | CT MAXILLOFACIAL W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70488 | CT MAXILLOFACIAL W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70490 | CT SOFT TISSUE NECK W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 70491 | CT SOFT TISSUE NECK W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70492 | CT SFT TSUE NCK W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70496 | CT ANGIOGRAPHY HEAD | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70498 | CT ANGIOGRAPHY NECK | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70540 | MRI ORBIT/FACE/NECK W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 70542 | MRI ORBIT/FACE/NECK W/DYE | - | - | 4/1/2024 | Fee Schedule | \$218.03 |
| 70543 | MRI ORBT/FAC/NCK W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 70544 | MR ANGIOGRAPHY HEAD W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE | - | - | 4/1/2024 | Fee Schedule | \$190.41 |
| 70546 | MR ANGIOGRAPH HEAD W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 70547 | MR ANGIOGRAPHY NECK W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 70548 | MR ANGIOGRAPHY NECK W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.06 |
| 70549 | MR ANGIOGRAPH NECK W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 70551 | MRI BRAIN STEM W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 70552 | MRI BRAIN STEM W/DYE | - | - | 4/1/2024 | Fee Schedule | \$214.37 |
| 70553 | MRI BRAIN STEM W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 70554 | FMRI BRAIN BY TECH | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 70555 | FMRI BRAIN BY PHYS/PSYCH | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 70557 | MRI BRAIN W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$286.14 |
| 70558 | MRI BRAIN W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 70559 | MRI BRAIN W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 71045 | X-RAY EXAM CHEST 1 VIEW | - | - | 4/1/2024 | Fee Schedule | \$18.97 |
| 71046 | X-RAY EXAM CHEST 2 VIEWS | - | - | 4/1/2024 | Fee Schedule | \$25.63 |
| 71047 | X-RAY EXAM CHEST 3 VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 71048 | X-RAY EXAM CHEST 4+ VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 71100 | X-RAY EXAM RIBS UNI 2 VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 71101 | X-RAY EXAM UNILAT RIBS/CHEST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 71110 | X-RAY EXAM RIBS BIL 3 VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 71111 | X-RAY EXAM RIBS/CHEST4/> VWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 71120 | X-RAY EXAM BREASTBONE 2/>VWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 71130 | X-RAY STRENOCLAVIC JT 3/>VWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 71250 | CT THORAX DX C- | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 71260 | CT THORAX DX C+ | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 71270 | CT THORAX DX C-/C+ | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 71275 | CT ANGIOGRAPHY CHEST | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 71550 | MRI CHEST W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 71551 | MRI CHEST W/DYE | - | - | 4/1/2024 | Fee Schedule | \$322.22 |
| 71552 | MRI CHEST W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 72020 | X-RAY EXAM OF SPINE 1 VIEW | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72040 | X-RAY EXAM NECK SPINE 2-3 VW | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72050 | X-RAY EXAM NECK SPINE 4/5VWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72052 | X-RAY EXAM NECK SPINE 6/>VWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72070 | X-RAY EXAM THORAC SPINE 2VWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72072 | X-RAY EXAM THORAC SPINE 3VWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72074 | X-RAY EXAM THORAC SPINE4/>VW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| 72080 | X-RAY EXAM THORACOLMB 2/> VW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72081 | X-RAY EXAM ENTIRE SPI 1 VW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72082 | X-RAY EXAM ENTIRE SPI 2/3 VW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72083 | X-RAY EXAM ENTIRE SPI 4/5 VW | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 72084 | X-RAY EXAM ENTIRE SPI 6/> VW | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 72100 | X-RAY EXAM L-S SPINE 2/3 VWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72110 | X-RAY EXAM L-2 SPINE 4/>VWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72114 | X-RAY EXAM L-S SPINE BENDING | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72120 | X-RAY BEND ONLY L-S SPINE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72125 | CT NECK SPINE W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 72126 | CT NECK SPINE W/DYE | - | - | 4/1/2024 | Fee Schedule | \$129.48 |
| 72127 | CT NECK SPINE W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 72128 | CT CHEST SPINE W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 72129 | CT CHEST SPINE W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 72130 | CT CHEST SPINE W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 72131 | CT LUMBAR SPINE W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 72132 | CT LUMBAR SPINE W/DYE | - | - | 4/1/2024 | Fee Schedule | \$129.82 |
| 72133 | CT LUMBAR SPINE W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 72141 | MRI NECK SPINE W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$143.14 |
| 72142 | MRI NECK SPINE W/DYE | - | - | 4/1/2024 | Fee Schedule | \$219.36 |
| 72146 | MRI CHEST SPINE W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$142.80 |
| 72147 | MRI CHEST SPINE W/DYE | - | - | 4/1/2024 | Fee Schedule | \$217.03 |
| 72148 | MRI LUMBAR SPINE W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$143.80 |
| 72149 | MRI LUMBAR SPINE W/DYE | - | - | 4/1/2024 | Fee Schedule | \$214.37 |
| 72156 | MRI NECK SPINE W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 72157 | MRI CHEST SPINE W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 72158 | MRI LUMBAR SPINE W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 72170 | X-RAY EXAM OF PELVIS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72190 | X-RAY EXAM OF PELVIS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72191 | CT ANGIOGRAPH PELV W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 72192 | CT PELVIS W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 72193 | CT PELVIS W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 72194 | CT PELVIS W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 72195 | MRI PELVIS W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 72196 | MRI PELVIS W/DYE | - | - | 4/1/2024 | Fee Schedule | \$214.04 |
| 72197 | MRI PELVIS W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 72200 | X-RAY EXAM SI JOINTS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72202 | X-RAY EXAM SI JOINTS 3/> VWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72220 | X-RAY EXAM SACRUM TAILBONE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72240 | MYELOGRAPHY NECK SPINE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72255 | MYELOGRAPHY THORACIC SPINE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 72265 | MYELOGRAPHY L-S SPINE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72270 | MYELOGPHY 2/> SPINE REGIONS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72285 | DISCOGRAPHY CERV/THOR SPINE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 72295 | X-RAY OF LOWER SPINE DISK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73000 | X-RAY EXAM OF COLLAR BONE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73010 | X-RAY EXAM OF SHOULDER BLADE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73020 | X-RAY EXAM OF SHOULDER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73030 | X-RAY EXAM OF SHOULDER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73040 | CONTRAST X-RAY OF SHOULDER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73050 | X-RAY EXAM OF SHOULDERS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| 73060 | X-RAY EXAM OF HUMERUS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73070 | X-RAY EXAM OF ELBOW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73080 | X-RAY EXAM OF ELBOW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73085 | CONTRAST X-RAY OF ELBOW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73090 | X-RAY EXAM OF FOREARM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73092 | X-RAY EXAM OF ARM INFANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73100 | X-RAY EXAM OF WRIST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73110 | X-RAY EXAM OF WRIST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73115 | CONTRAST X-RAY OF WRIST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73120 | X-RAY EXAM OF HAND | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73130 | X-RAY EXAM OF HAND | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73140 | X-RAY EXAM OF FINGER(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73200 | CT UPPER EXTREMITY W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 73201 | CT UPPER EXTREMITY W/DYE | - | - | 4/1/2024 | Fee Schedule | \$164.44 |
| 73202 | CT UPPR EXTREMITY W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 73206 | CT ANGIO UPR EXTRM W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 73218 | MRI UPPER EXTREMITY W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 73219 | MRI UPPER EXTREMITY W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 73220 | MRI UPPR EXTREMITY W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 73221 | MRI JOINT UPR EXTREM W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 73222 | MRI JOINT UPR EXTREM W/DYE | - | - | 4/1/2024 | Fee Schedule | \$264.30 |
| 73223 | MRI JOINT UPR EXTR W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 73501 | X-RAY EXAM HIP UNI 1 VIEW | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 73502 | X-RAY EXAM HIP UNI 2-3 VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 73503 | X-RAY EXAM HIP UNI 4/> VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 73521 | X-RAY EXAM HIPS BI 2 VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 73522 | X-RAY EXAM HIPS BI 3-4 VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 73523 | X-RAY EXAM HIPS BI 5/> VIEWS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73525 | CONTRAST X-RAY OF HIP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73551 | X-RAY EXAM OF FEMUR 1 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73552 | X-RAY EXAM OF FEMUR 2/> | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73560 | X-RAY EXAM OF KNEE 1 OR 2 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73562 | X-RAY EXAM OF KNEE 3 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73564 | X-RAY EXAM KNEE 4 OR MORE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73565 | X-RAY EXAM OF KNEES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73580 | CONTRAST X-RAY OF KNEE JOINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73590 | X-RAY EXAM OF LOWER LEG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73592 | X-RAY EXAM OF LEG INFANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73600 | X-RAY EXAM OF ANKLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73610 | X-RAY EXAM OF ANKLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73615 | CONTRAST X-RAY OF ANKLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73620 | X-RAY EXAM OF FOOT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73630 | X-RAY EXAM OF FOOT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73650 | X-RAY EXAM OF HEEL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73660 | X-RAY EXAM OF TOE(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 73700 | CT LOWER EXTREMITY W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 73701 | CT LOWER EXTREMITY W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 73702 | CT LWR EXTREMITY W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 73706 | CT ANGIO LWR EXTR W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 73718 | MRI LOWER EXTREMITY W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 73719 | MRI LOWER EXTREMITY W/DYE | - | - | 4/1/2024 | Fee Schedule | \$212.71 |

Please see [cover page](#) for a complete description of information contained in the fee schedules.

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|-------------------------------|--------------------|----|-----------|---------------------|----------|
| 73720 | MRI LWR EXTREMITY W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 73721 | MRI JNT OF LWR EXTRE W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 73722 | MRI JOINT OF LWR EXTR W/DYE | - | - | 4/1/2024 | Fee Schedule | \$264.64 |
| 73723 | MRI JOINT LWR EXTR W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 74018 | X-RAY EXAM ABDOMEN 1 VIEW | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74019 | X-RAY EXAM ABDOMEN 2 VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74021 | X-RAY EXAM ABDOMEN 3+ VIEWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74022 | X-RAY EXAM COMPLETE ABDOMEN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74150 | CT ABDOMEN W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 74160 | CT ABDOMEN W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74170 | CT ABDOMEN W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74174 | CT ANGIO ABD&PELV W/O&W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 74175 | CT ANGIO ABDOM W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74176 | CT ABD & PELVIS W/O CONTRAST | - | - | 4/1/2024 | Fee Schedule | \$125.82 |
| 74177 | CT ABD & PELV W/CONTRAST | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 74178 | CT ABD & PELV 1/> REGNS | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 74181 | MRI ABDOMEN W/O DYE | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 74182 | MRI ABDOMEN W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 74183 | MRI ABDOMEN W/O & W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 74190 | X-RAY EXAM OF PERITONEUM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74210 | X-RAY XM PHRNX&CRV ESOPH C+ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74220 | X-RAY XM ESOPHAGUS 1CNTRST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74221 | X-RAY XM ESOPHAGUS 2CNTRST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74230 | X-RAY XM SWLNG FUNCJ C+ | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74235 | REMOVE ESOPHAGUS OBSTRUCTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74240 | X-RAY XM UPGR GI TRC 1CNTRST | - | - | 4/1/2024 | Fee Schedule | \$94.21 |
| 74246 | X-RAY XM UPGR GI TRC 2CNTRST | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74248 | X-RAY SM INT F-THRU STD | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74250 | X-RAY XM SM INT 1CNTRST STD | - | - | 4/1/2024 | Fee Schedule | \$92.88 |
| 74251 | X-RAY XM SM INT 2CNTRST STD | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74261 | CT COLONOGRAPHY DX | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 74262 | CT COLONOGRAPHY DX W/DYE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74270 | X-RAY XM COLON 1CNTRST STD | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74280 | X-RAY XM COLON 2CNTRST STD | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74283 | THER NMA RDCTJ INTUS/OBSTR CJ | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74290 | CONTRAST X-RAY GALLBLADDER | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74300 | X-RAY BILE DUCTS/PANCREAS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74301 | X-RAYS AT SURGERY ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74328 | X-RAY BILE DUCT ENDOSCOPY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74329 | X-RAY FOR PANCREAS ENDOSCOPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74330 | X-RAY BILE/PANC ENDOSCOPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74340 | X-RAY GUIDE FOR GI TUBE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74355 | X-RAY GUIDE INTESTINAL TUBE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74360 | X-RAY GUIDE GI DILATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74363 | X-RAY BILE DUCT DILATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74400 | UROGRAPHY IV +-KUB TOMOG | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74410 | UROGRAPHY NFS DRIP&/BOLUS | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74415 | UROGRAPHY NFS DRIP&/BLS W/NF | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 74420 | UROGRAPHY RTRGR +-KUB | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 74425 | UROGRAPHY ANTEGRADE RS&I | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74430 | CONTRAST X-RAY BLADDER | - | - | 1/1/2024 | No Separate Payment | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 74440 | X-RAY MALE GENITAL TRACT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74445 | X-RAY EXAM OF PENIS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 74450 | X-RAY URETHRA/BLADDER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74455 | X-RAY URETHRA/BLADDER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74470 | X-RAY EXAM OF KIDNEY LESION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74485 | DILATION URTR/URT RS&I | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74712 | MRI FETAL SNGL/1ST GESTATION | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 74713 | MRI FETAL EA ADDL GESTATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74740 | X-RAY FEMALE GENITAL TRACT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74742 | X-RAY FALLOPIAN TUBE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 74775 | X-RAY EXAM OF PERINEUM | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 75557 | CARDIAC MRI FOR MORPH | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 75559 | CARDIAC MRI W/STRESS IMG | - | - | 4/1/2024 | Fee Schedule | \$282.28 |
| 75561 | CARDIAC MRI FOR MORPH W/DYE | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| 75563 | CARD MRI W/STRESS IMG & DYE | - | - | 4/1/2024 | Fee Schedule | \$330.54 |
| 75565 | CARD MRI VELOC FLOW MAPPING | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75571 | CT HRT W/O DYE W/CA TEST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75572 | CT HRT W/3D IMAGE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 75573 | CT HRT C+ STRUX CGEN HRT DS | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 75574 | CT ANGIO HRT W/3D IMAGE | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 75600 | CONTRAST EXAM THORACIC AORTA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75605 | CONTRAST EXAM THORACIC AORTA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75625 | CONTRAST EXAM ABDOMINL AORTA | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75630 | X-RAY AORTA LEG ARTERIES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75635 | CT ANGIO ABDOMINAL ARTERIES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75705 | ARTERY X-RAYS SPINE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75710 | ARTERY X-RAYS ARM/LEG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75716 | ARTERY X-RAYS ARMS/LEGS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75726 | ARTERY X-RAYS ABDOMEN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75731 | ARTERY X-RAYS ADRENAL GLAND | - | - | 4/1/2024 | Fee Schedule | \$112.18 |
| 75733 | ARTERY X-RAYS ADRENALS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75736 | ARTERY X-RAYS PELVIS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75741 | ARTERY X-RAYS LUNG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75743 | ARTERY X-RAYS LUNGS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75746 | ARTERY X-RAYS LUNG | - | - | 4/1/2024 | Fee Schedule | \$93.54 |
| 75756 | ARTERY X-RAYS CHEST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75774 | ARTERY X-RAY EACH VESSEL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75801 | LYMPH VESSEL X-RAY ARM/LEG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75803 | LYMPH VESSEL X-RAY ARMS/LEGS | - | - | 4/1/2024 | Fee Schedule | \$619.11 |
| 75805 | LYMPH VESSEL X-RAY TRUNK | - | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 75807 | LYMPH VESSEL X-RAY TRUNK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75809 | NONVASCULAR SHUNT X-RAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75810 | VEIN X-RAY SPLEEN/LIVER | - | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 75820 | VEIN X-RAY ARM/LEG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75822 | VEIN X-RAY ARMS/LEGS | - | - | 4/1/2024 | Fee Schedule | \$79.22 |
| 75825 | VEIN X-RAY TRUNK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75827 | VEIN X-RAY CHEST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75831 | VEIN X-RAY KIDNEY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75833 | VEIN X-RAY KIDNEYS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75840 | VEIN X-RAY ADRENAL GLAND | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75842 | VEIN X-RAY ADRENAL GLANDS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 75860 | VEIN X-RAY NECK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75870 | VEIN X-RAY SKULL | - | - | 4/1/2024 | Fee Schedule | \$110.85 |
| 75872 | VEIN X-RAY SKULL EPIDURAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75880 | VEIN X-RAY EYE SOCKET | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75885 | VEIN X-RAY LIVER W/HEMODYNAM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75887 | VEIN X-RAY LIVER W/O HEMODYN | - | - | 4/1/2024 | Fee Schedule | \$85.22 |
| 75889 | VEIN X-RAY LIVER W/HEMODYNAM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 75891 | VEIN X-RAY LIVER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75893 | VENOUS SAMPLING BY CATHETER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75894 | X-RAYS TRANSCATH THERAPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75898 | FOLLOW-UP ANGIOGRAPHY | - | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| 75901 | REMOVE CVA DEVICE OBSTRUCT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75902 | REMOVE CVA LUMEN OBSTRUCT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75970 | VASCULAR BIOPSY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75984 | XRAY CONTROL CATHETER CHANGE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 75989 | ABSCESS DRAINAGE UNDER X-RAY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76000 | FLUOROSCOPY <1 HR PHYS/QHP | - | - | 4/1/2024 | Fee Schedule | \$31.29 |
| 76010 | X-RAY NOSE TO RECTUM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76080 | X-RAY EXAM OF FISTULA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76098 | X-RAY EXAM SURGICAL SPECIMEN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76100 | X-RAY EXAM OF BODY SECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76120 | CINE/VIDEO X-RAYS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76125 | CINE/VIDEO X-RAYS ADD-ON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76145 | MED PHYSIC DOS EVAL RAD EXPS | - | - | 4/1/2024 | Fee Schedule | \$278.00 |
| 76376 | 3D RENDER W/INTRP POSTPROCES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76377 | 3D RENDER W/INTRP POSTPROCES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76380 | CAT SCAN FOLLOW-UP STUDY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76390 | MR SPECTROSCOPY | - | - | 4/1/2024 | Fee Schedule | \$47.13 |
| 76391 | MR ELASTOGRAPHY | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 76496 | UNLISTED FLUOROSCOPIC PX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76497 | UNLISTED CT PROCEDURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76498 | UNLISTED MR PROCEDURE | - | - | 4/1/2024 | Fee Schedule | \$47.13 |
| 76499 | UNLISTED DX RADIOGRAPHIC PX | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76506 | ECHO EXAM OF HEAD | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76510 | OPH US DX B-SCAN&QUAN A-SCAN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76511 | OPH US DX QUAN A-SCAN ONLY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76512 | OPH US DX B-SCAN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76513 | OPH US DX ANT SGM US UNI/BI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76514 | ECHO EXAM OF EYE THICKNESS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76516 | ECHO EXAM OF EYE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76519 | ECHO EXAM OF EYE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76529 | ECHO EXAM OF EYE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76536 | US EXAM OF HEAD AND NECK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76604 | US EXAM CHEST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76641 | ULTRASOUND BREAST COMPLETE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76642 | ULTRASOUND BREAST LIMITED | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76700 | US EXAM ABDOM COMPLETE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76705 | ECHO EXAM OF ABDOMEN | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76770 | US EXAM ABDO BACK WALL COMP | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76775 | US EXAM ABDO BACK WALL LIM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76776 | US EXAM K TRANSPL W/DOPPLER | - | - | 4/1/2024 | Fee Schedule | \$57.02 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| 76800 | US EXAM SPINAL CANAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76801 | OB US < 14 WKS SINGLE FETUS | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76802 | OB US < 14 WKS ADDL FETUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76805 | OB US >= 14 WKS SNGL FETUS | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76810 | OB US >= 14 WKS ADDL FETUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76811 | OB US DETAILED SNGL FETUS | - | - | 4/1/2024 | Fee Schedule | \$111.51 |
| 76812 | OB US DETAILED ADDL FETUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76813 | OB US NUCHAL MEAS 1 GEST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76814 | OB US NUCHAL MEAS ADD-ON | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76815 | OB US LIMITED FETUS(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76816 | OB US FOLLOW-UP PER FETUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76817 | TRANSVAGINAL US OBSTETRIC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76818 | FETAL BIOPHYS PROFILE W/NST | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76819 | FETAL BIOPHYS PROFIL W/O NST | - | - | 4/1/2024 | Fee Schedule | \$58.59 |
| 76820 | UMBILICAL ARTERY ECHO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76821 | MIDDLE CEREBRAL ARTERY ECHO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76825 | ECHO EXAM OF FETAL HEART | - | - | 4/1/2024 | Fee Schedule | \$203.39 |
| 76826 | ECHO EXAM OF FETAL HEART | - | - | 4/1/2024 | Fee Schedule | \$127.49 |
| 76827 | ECHO EXAM OF FETAL HEART | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76828 | ECHO EXAM OF FETAL HEART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76830 | TRANSVAGINAL US NON-OB | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76831 | ECHO EXAM UTERUS | - | - | 4/1/2024 | Fee Schedule | \$91.21 |
| 76856 | US EXAM PELVIC COMPLETE | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76857 | US EXAM PELVIC LIMITED | - | - | 4/1/2024 | Fee Schedule | \$31.63 |
| 76870 | US EXAM SCROTUM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76872 | US TRANSRECTAL | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76873 | ECHOGRAP TRANS R PROS STUDY | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76881 | US COMPL JOINT R-T W/IMG | - | - | 4/1/2024 | Fee Schedule | \$21.97 |
| 76882 | US LMTD JT/FCL EVL NVASC XTR | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76885 | US EXAM INFANT HIPS DYNAMIC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76886 | US EXAM INFANT HIPS STATIC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76932 | ECHO GUIDE FOR HEART BIOPSY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76936 | ECHO GUIDE FOR ARTERY REPAIR | - | - | 4/1/2024 | Fee Schedule | \$162.81 |
| 76937 | US GUIDE VASCULAR ACCESS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76940 | US GUIDE TISSUE ABLATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76941 | ECHO GUIDE FOR TRANSFUSION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76942 | ECHO GUIDE FOR BIOPSY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76945 | ECHO GUIDE VILLUS SAMPLING | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76946 | ECHO GUIDE FOR AMNIOCENTESIS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76948 | ECHO GUIDE OVA ASPIRATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76965 | ECHO GUIDANCE RADIOTHERAPY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76975 | GI ENDOSCOPIC ULTRASOUND | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 76977 | US BONE DENSITY MEASURE | - | - | 4/1/2024 | Fee Schedule | \$4.99 |
| 76978 | US TRGT DYN MBUBB 1ST LES | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| 76979 | US TRGT DYN MBUBB EA ADDL | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 76981 | USE PARENCHYMA | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76982 | USE 1ST TARGET LESION | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 76983 | USE EA ADDL TARGET LESION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76998 | US GUIDE INTRAOP | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 76999 | ECHO EXAMINATION PROCEDURE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77001 | FLUOROGUIDE FOR VEIN DEVICE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 77002 | NEEDLE LOCALIZATION BY XRAY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77003 | FLUOROGUIDE FOR SPINE INJECT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77011 | CT SCAN FOR LOCALIZATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77012 | CT SCAN FOR NEEDLE BIOPSY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77013 | CT GUIDE FOR TISSUE ABLATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77014 | CT SCAN FOR THERAPY GUIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77021 | MRI GUIDANCE NDL PLMT RS&I | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77022 | MRI GDN PARNCHYMA TISS ABLTJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77046 | MRI BREAST C- UNILATERAL | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 77047 | MRI BREAST C- BILATERAL | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 77053 | X-RAY OF MAMMARY DUCT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77054 | X-RAY OF MAMMARY DUCTS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77071 | X-RAY STRESS VIEW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77072 | X-RAYS FOR BONE AGE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77073 | X-RAYS BONE LENGTH STUDIES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77074 | X-RAYS BONE SURVEY LIMITED | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77075 | X-RAYS BONE SURVEY COMPLETE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77076 | X-RAYS BONE SURVEY INFANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77077 | JOINT SURVEY SINGLE VIEW | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77078 | CT BONE DENSITY AXIAL | - | - | 4/1/2024 | Fee Schedule | \$47.13 |
| 77080 | DXA BONE DENSITY AXIAL | - | - | 4/1/2024 | Fee Schedule | \$31.63 |
| 77081 | DXA BONE DENSITY/PERIPHERAL | - | - | 4/1/2024 | Fee Schedule | \$24.30 |
| 77084 | MAGNETIC IMAGE BONE MARROW | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 77085 | DXA BONE DENSITY STUDY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77086 | FRACTURE ASSESSMENT VIA DXA | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77280 | SET RADIATION THERAPY FIELD | - | - | 4/1/2024 | Fee Schedule | \$70.38 |
| 77285 | SET RADIATION THERAPY FIELD | - | - | 4/1/2024 | Fee Schedule | \$191.65 |
| 77290 | SET RADIATION THERAPY FIELD | - | - | 4/1/2024 | Fee Schedule | \$191.65 |
| 77293 | RESPIRATOR MOTION MGMT SIMUL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77295 | 3-D RADIOTHERAPY PLAN | - | - | 4/1/2024 | Fee Schedule | \$328.88 |
| 77299 | UNLISTED PX THER RAD TX PLNG | - | - | 4/1/2024 | Fee Schedule | \$70.38 |
| 77300 | RADIATION THERAPY DOSE PLAN | - | - | 4/1/2024 | Fee Schedule | \$43.94 |
| 77301 | RADIOTHERAPY DOSE PLAN IMRT | - | - | 4/1/2024 | Fee Schedule | \$718.69 |
| 77306 | TELETHX ISODOSE PLAN SIMPLE | - | - | 4/1/2024 | Fee Schedule | \$98.86 |
| 77307 | TELETHX ISODOSE PLAN CPLX | - | - | 4/1/2024 | Fee Schedule | \$185.08 |
| 77316 | BRACHYTX ISODOSE PLAN SIMPLE | - | - | 4/1/2024 | Fee Schedule | \$195.73 |
| 77317 | BRACHYTX ISODOSE INTERMED | - | - | 4/1/2024 | Fee Schedule | \$191.65 |
| 77318 | BRACHYTX ISODOSE COMPLEX | - | - | 4/1/2024 | Fee Schedule | \$191.65 |
| 77321 | SPECIAL TELETX PORT PLAN | - | - | 4/1/2024 | Fee Schedule | \$60.91 |
| 77331 | SPECIAL RADIATION DOSIMETRY | - | - | 4/1/2024 | Fee Schedule | \$34.29 |
| 77332 | RADIATION TREATMENT AID(S) | - | - | 4/1/2024 | Fee Schedule | \$23.30 |
| 77333 | RADIATION TREATMENT AID(S) | - | - | 4/1/2024 | Fee Schedule | \$70.38 |
| 77334 | RADIATION TREATMENT AID(S) | - | - | 4/1/2024 | Fee Schedule | \$85.22 |
| 77336 | RADIATION PHYSICS CONSULT | - | - | 4/1/2024 | Fee Schedule | \$70.38 |
| 77338 | DESIGN MLC DEVICE FOR IMRT | - | - | 4/1/2024 | Fee Schedule | \$191.65 |
| 77370 | RADIATION PHYSICS CONSULT | - | - | 4/1/2024 | Fee Schedule | \$70.38 |
| 77371 | SRS MULTISOURCE | - | - | 7/1/2018 | Fee Schedule | \$1,942.53 |
| 77372 | SRS LINEAR BASED | - | - | 7/1/2018 | Fee Schedule | \$1,066.15 |
| 77373 | SBRT DELIVERY | - | - | 7/1/2018 | Fee Schedule | \$1,042.88 |
| 77385 | NTSTY MODUL RAD TX DLVR SMPL | - | - | 4/1/2024 | Fee Schedule | \$305.32 |
| 77386 | NTSTY MODUL RAD TX DLVR CPLX | - | - | 4/1/2024 | Fee Schedule | \$305.32 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 77387 | GUIDANCE FOR RADJ TX DLVR | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77399 | UNLISTED PX MED RADJ PHYSICS | - | - | 4/1/2024 | Fee Schedule | \$70.38 |
| 77401 | RADIATION TREATMENT DELIVERY | - | - | 4/1/2024 | Fee Schedule | \$41.27 |
| 77402 | RADIATION TREATMENT DELIVERY | - | - | 4/1/2024 | Fee Schedule | \$62.19 |
| 77407 | RADIATION TREATMENT DELIVERY | - | - | 4/1/2024 | Fee Schedule | \$139.39 |
| 77412 | RADIATION TREATMENT DELIVERY | - | - | 4/1/2024 | Fee Schedule | \$139.39 |
| 77417 | RADIOLOGY PORT IMAGES(S) | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77423 | NEUTRON BEAM TX COMPLEX | - | - | 4/1/2024 | Fee Schedule | \$32.62 |
| 77424 | IO RAD TX DELIVERY BY X-RAY | - | - | 4/1/2024 | Fee Schedule | \$2,148.25 |
| 77425 | IO RAD TX DELIVER BY ELCTRNS | - | - | 4/1/2024 | Fee Schedule | \$2,148.25 |
| 77435 | SBRT MANAGEMENT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77469 | IO RADIATION TX MANAGEMENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 77470 | SPECIAL RADIATION TREATMENT | - | - | 4/1/2024 | Fee Schedule | \$70.57 |
| 77520 | PROTON TRMT SIMPLE W/O COMP | - | - | 4/1/2024 | Fee Schedule | \$305.32 |
| 77522 | PROTON TRMT SIMPLE W/COMP | - | - | 4/1/2024 | Fee Schedule | \$735.79 |
| 77523 | PROTON TRMT INTERMEDIATE | - | - | 4/1/2024 | Fee Schedule | \$735.79 |
| 77525 | PROTON TREATMENT COMPLEX | - | - | 4/1/2024 | Fee Schedule | \$735.79 |
| 77600 | HYPERTHERMIA TREATMENT | - | - | 4/1/2024 | Fee Schedule | \$139.39 |
| 77605 | HYPERTHERMIA TREATMENT | - | - | 4/1/2024 | Fee Schedule | \$371.88 |
| 77610 | HYPERTHERMIA TREATMENT | - | - | 4/1/2024 | Fee Schedule | \$305.32 |
| 77615 | HYPERTHERMIA TREATMENT | - | - | 4/1/2024 | Fee Schedule | \$305.32 |
| 77620 | HYPERTHERMIA TREATMENT | - | - | 4/1/2024 | Fee Schedule | \$305.32 |
| 77750 | INFUSE RADIOACTIVE MATERIALS | - | - | 4/1/2024 | Fee Schedule | \$217.70 |
| 77761 | APPLY INTRCAV RADIAT SIMPLE | - | - | 4/1/2024 | Fee Schedule | \$285.28 |
| 77762 | APPLY INTRCAV RADIAT INTERM | - | - | 4/1/2024 | Fee Schedule | \$350.52 |
| 77763 | APPLY INTRCAV RADIAT COMPL | - | - | 4/1/2024 | Fee Schedule | \$477.01 |
| 77767 | HDR RDNCL SKN SURF BRACHYTX | - | - | 4/1/2024 | Fee Schedule | \$139.39 |
| 77768 | HDR RDNCL SKN SURF BRACHYTX | - | - | 4/1/2024 | Fee Schedule | \$139.39 |
| 77770 | HDR RDNCL NTRSTL/ICAV BRCHTX | - | - | 4/1/2024 | Fee Schedule | \$278.28 |
| 77771 | HDR RDNCL NTRSTL/ICAV BRCHTX | - | - | 4/1/2024 | Fee Schedule | \$371.88 |
| 77772 | HDR RDNCL NTRSTL/ICAV BRCHTX | - | - | 4/1/2024 | Fee Schedule | \$371.88 |
| 77778 | APPLY INTERSTIT RADIAT COMPL | - | - | 4/1/2024 | Fee Schedule | \$371.88 |
| 77789 | APPLY SURF LDR RADIONUCLIDE | - | - | 4/1/2024 | Fee Schedule | \$62.19 |
| 77790 | RADIATION HANDLING | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 77799 | UNLISTED PX CLIN BRACHYTX | - | - | 4/1/2024 | Fee Schedule | \$62.19 |
| 78012 | THYROID UPTAKE MEASUREMENT | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78013 | THYROID IMAGING W/BLOOD FLOW | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78014 | THYROID IMAGING W/BLOOD FLOW | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78015 | THYROID MET IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78016 | THYROID MET IMAGING/STUDIES | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78018 | THYROID MET IMAGING BODY | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78020 | THYROID MET UPTAKE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 78070 | PARATHYROID PLANAR IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78071 | PARATHYRD PLANAR W/NO SUBTRJ | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78072 | PARATHYRD PLANAR W/SPECT&CT | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78075 | ADRENAL CORTEX & MEDULLA IMG | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78099 | UNLISTED ENDOCRINE PX DX NUC | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78102 | BONE MARROW IMAGING LTD | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78103 | BONE MARROW IMAGING MULT | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78104 | BONE MARROW IMAGING BODY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78110 | PLASMA VOLUME SINGLE | - | - | 4/1/2024 | Fee Schedule | \$736.50 |

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|-----------|-------------------------------|--------------------|----|-----------|---------------------|------------|
| 78111 | PLASMA VOLUME MULTIPLE | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78120 | RED CELL MASS SINGLE | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78121 | RED CELL MASS MULTIPLE | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78122 | BLOOD VOLUME | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78130 | RED CELL SURVIVAL STUDY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78140 | RED CELL SEQUESTRATION | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78185 | SPLEEN IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78191 | PLATELET SURVIVAL | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78195 | LYMPH SYSTEM IMAGING | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78199 | UNLSTD HEMATOP RET/ENDO LYMP | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78201 | LIVER IMAGING | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78202 | LIVER IMAGING WITH FLOW | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78215 | LIVER AND SPLEEN IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78216 | LIVER & SPLEEN IMAGE/FLOW | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78226 | HEPATOBIILIARY SYSTEM IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78227 | HEPATOBIL SYST IMAGE W/DRUG | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78230 | SALIVARY GLAND IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78231 | SERIAL SALIVARY IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78232 | SALIVARY GLAND FUNCTION EXAM | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78258 | ESOPHAGEAL MOTILITY STUDY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78261 | GASTRIC MUCOSA IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78262 | GASTROESOPHAGEAL REFLUX EXAM | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78264 | GASTRIC EMPTYING IMAG STUDY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78265 | GASTRIC EMPTYING IMAG STUDY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78266 | GASTRIC EMPTYING IMAG STUDY | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78278 | ACUTE GI BLOOD LOSS IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78282 | GI PROTEIN LOSS EXAM | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78290 | MECKELS DIVERT EXAM | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78291 | LEVEEN/SHUNT PATENCY EXAM | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78299 | UNLISTED GI PX DX NUC MED | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78300 | BONE IMAGING LIMITED AREA | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78305 | BONE IMAGING MULTIPLE AREAS | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78306 | BONE IMAGING WHOLE BODY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78315 | BONE IMAGING 3 PHASE | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78399 | UNLISTED MUSCSKEL PX DX NUC | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78414 | NON-IMAGING HEART FUNCTION | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78428 | CARDIAC SHUNT IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78429 | MYOCDR IMG PET 1 STD W/CT | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78430 | MYOCDR IMG PET RST/STRS W/CT | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78431 | MYOCDR IMG PET RST&STRS CT | - | - | 4/1/2024 | Fee Schedule | \$1,225.12 |
| 78432 | MYOCDR IMG PET 2RTRACER | - | - | 4/1/2024 | Fee Schedule | \$1,007.36 |
| 78433 | MYOCDR IMG PET 2RTRACER CT | - | - | 4/1/2024 | Fee Schedule | \$1,061.80 |
| 78434 | AQMBF PET REST & RX STRESS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 78445 | VASCULAR FLOW IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78451 | HT MUSCLE IMAGE SPECT SING | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78452 | HT MUSCLE IMAGE SPECT MULT | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78453 | HT MUSCLE IMAGE PLANAR SING | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78454 | HT MUSC IMAGE PLANAR MULT | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78456 | ACUTE VENOUS THROMBUS IMAGE | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78457 | VENOUS THROMBOSIS IMAGING | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78458 | VEN THROMBOSIS IMAGES BILAT | - | - | 4/1/2024 | Fee Schedule | \$213.93 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| 78459 | MYOCDR IMG PET SINGLE STUDY | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78466 | HEART INFARCT IMAGE | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78468 | HEART INFARCT IMAGE (EF) | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78469 | HEART INFARCT IMAGE (3D) | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78472 | GATED HEART PLANAR SINGLE | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78473 | GATED HEART MULTIPLE | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78481 | HEART FIRST PASS SINGLE | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78483 | HEART FIRST PASS MULTIPLE | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78491 | MYOCDR IMG PET 1STD RST/STRS | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78492 | MYOCDR IMG PET MLT RST&STRS | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78494 | HEART IMAGE SPECT | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78496 | HEART FIRST PASS ADD-ON | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 78499 | UNLISTED CV PX DX NUC MED | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78579 | LUNG VENTILATION IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78580 | LUNG PERFUSION IMAGING | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78582 | LUNG VENTILAT&PERFUS IMAGING | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78597 | LUNG PERFUSION DIFFERENTIAL | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78598 | LUNG PERF&VENTILAT DIFERENTL | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78599 | UNLISTED RESP PX DX NUC MED | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78600 | BRAIN IMAGE < 4 VIEWS | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78601 | BRAIN IMAGE W/FLOW < 4 VIEWS | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78605 | BRAIN IMAGE 4+ VIEWS | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78606 | BRAIN IMAGE W/FLOW 4 + VIEWS | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78608 | BRAIN IMAGING (PET) | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78610 | BRAIN FLOW IMAGING ONLY | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78630 | CEREBROSPINAL FLUID SCAN | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78635 | CSF VENTRICULOGRAPHY | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78645 | CSF SHUNT EVALUATION | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78650 | CSF LEAKAGE IMAGING | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78660 | NUCLEAR EXAM OF TEAR FLOW | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78699 | UNLISTED NRVS SYS PX DX NUC | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78700 | KIDNEY IMAGING MORPHOL | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78701 | KIDNEY IMAGING WITH FLOW | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78707 | K FLOW/FUNCT IMAGE W/O DRUG | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78708 | K FLOW/FUNCT IMAGE W/DRUG | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78709 | K FLOW/FUNCT IMAGE MULTIPLE | - | - | 4/1/2024 | Fee Schedule | \$280.35 |
| 78725 | KIDNEY FUNCTION STUDY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78730 | URINARY BLADDER RETENTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 78740 | URETERAL REFLUX STUDY | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78761 | TESTICULAR IMAGING W/FLOW | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78799 | UNLISTED GU PX DX NUC MED | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78800 | RP LOCLZJ TUM 1 AREA 1 D IMG | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78801 | RP LOCLZJ TUM 2+AREA 1+D IMG | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 78802 | RP LOCLZJ TUM WHBDY 1 D IMG | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78803 | RP LOCLZJ TUM SPECT 1 AREA | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78804 | RP LOCLZJ TUM WHBDY 2+D IMG | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78808 | IV INJ RA DRUG DX STUDY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 78811 | PET IMAGE LTD AREA | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78812 | PET IMAGE SKULL-THIGH | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78813 | PET IMAGE FULL BODY | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78814 | PET IMAGE W/CT LMTD | - | - | 4/1/2024 | Fee Schedule | \$811.44 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 78815 | PET IMAGE W/CT SKULL-THIGH | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78816 | PET IMAGE W/CT FULL BODY | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78830 | RP LOCLZJ TUM SPECT W/CT 1 | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78831 | RP LOCLZJ TUM SPECT 2 AREAS | - | - | 4/1/2024 | Fee Schedule | \$736.50 |
| 78832 | RP LOCLZJ TUM SPECT W/CT 2 | - | - | 4/1/2024 | Fee Schedule | \$811.44 |
| 78999 | UNLISTED MISC PX DX NUC MED | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| 79005 | NUCLEAR RX ORAL ADMIN | - | - | 4/1/2024 | Fee Schedule | \$70.57 |
| 79101 | NUCLEAR RX IV ADMIN | - | - | 4/1/2024 | Fee Schedule | \$76.90 |
| 79200 | NUCLEAR RX INTRACAV ADMIN | - | - | 4/1/2024 | Fee Schedule | \$61.91 |
| 79300 | NUCLR RX INTERSTIT COLLOID | - | - | 4/1/2024 | Fee Schedule | \$129.04 |
| 79403 | HEMATOPOIETIC NUCLEAR TX | - | - | 4/1/2024 | Fee Schedule | \$129.82 |
| 79440 | NUCLEAR RX INTRA-ARTICULAR | - | - | 4/1/2024 | Fee Schedule | \$49.26 |
| 79445 | NUCLEAR RX INTRA-ARTERIAL | - | - | 4/1/2024 | Fee Schedule | \$129.04 |
| 79999 | RP THERAPY UNLISTED PX | - | - | 4/1/2024 | Fee Schedule | \$129.04 |
| 90296 | DIPHThERIA ANTITOXIN | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 90371 | HEP B IG IM | - | - | 7/1/2024 | Fee Schedule | \$143.77 |
| 90375 | RABIES IG IM/SC | - | - | 7/1/2024 | Fee Schedule | \$288.38 |
| 90376 | RABIES IG HEAT TREATED | - | - | 7/1/2024 | Fee Schedule | \$328.18 |
| 90377 | RABIES IG HT&SOL HUMAN IM/SC | - | - | 7/1/2024 | Fee Schedule | \$260.44 |
| 90378 | RSV MAB IM 50MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 90385 | RH IG MINIDOSE IM | - | - | 7/1/2021 | Fee Schedule | \$151.41 |
| 90393 | VACCINA IG IM | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 90396 | VARICELLA-ZOSTER IG IM | - | - | 7/1/2024 | Fee Schedule | \$2,252.21 |
| 90476 | ADENOVIRUS VACCINE TYPE 4 | - | - | 1/1/2024 | Fee Schedule | \$46.00 |
| 90477 | ADENOVIRUS VACCINE TYPE 7 | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| 90581 | ANTHRAX VACCINE SC OR IM | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 90585 | BCG VACCINE PERCUT | - | - | 7/1/2018 | Fee Schedule | \$123.20 |
| 90620 | MENB RP W/OMV VACCINE IM | - | - | 7/1/2018 | Fee Schedule | \$147.37 |
| 90621 | MENB RLP VACCINE IM | - | - | 7/1/2018 | Fee Schedule | \$122.70 |
| 90630 | FLU VACC IIV4 NO PRESERV ID | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 90632 | HEPA VACCINE ADULT IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90633 | HEPA VACC PED/ADOL 2 DOSE IM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 90634 | HEPA VACC PED/ADOL 3 DOSE | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| 90636 | HEP A/HEP B VACC ADULT IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90644 | HIB-MENCY VACCINE 4 DOSE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90647 | HIB PRP-OMP VACC 3 DOSE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90648 | HIB PRP-T VACCINE 4 DOSE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90653 | IIV ADJUVANT VACCINE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90654 | FLU VACC IIV3 NO PRESERV ID | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90655 | IIV3 VACC NO PRSV 0.25 ML IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90656 | IIV3 VACC NO PRSV 0.5 ML IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90657 | IIV3 VACCINE SPLT 0.25 ML IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90660 | LAIV3 VACCINE INTRANASAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90661 | CCIV3 VAC NO PRSV 0.5 ML IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90662 | IIV NO PRSV INCREASED AG IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90670 | PCV13 VACCINE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90672 | LAIV4 VACCINE INTRANASAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90673 | RIV3 VACCINE NO PRESERV IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90674 | CCIV4 VAC NO PRSV 0.5 ML IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90675 | RABIES VACCINE IM | - | - | 7/1/2024 | Fee Schedule | \$338.49 |
| 90676 | RABIES VACCINE ID | - | - | 1/1/2024 | Fee Schedule | \$279.15 |

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| 90677 | PCV20 VACCINE IM | - | - | 10/1/2021 | No Separate Payment | \$0.00 |
| 90680 | RV5 VACC 3 DOSE LIVE ORAL | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| 90681 | RV1 VACC 2 DOSE LIVE ORAL | - | - | 7/1/2018 | Fee Schedule | \$108.65 |
| 90682 | RIV4 VACC RECOMBINANT DNA IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90685 | IIV4 VACC NO PRSV 0.25 ML IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90686 | IIV4 VACC NO PRSV 0.5 ML IM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 90687 | IIV4 VACCINE SPLT 0.25 ML IM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 90688 | IIV4 VACCINE SPLT 0.5 ML IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90689 | VACC IIV4 NO PRSRV 0.25ML IM | - | - | 7/1/2019 | No Separate Payment | \$0.00 |
| 90690 | TYPHOID VACCINE ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90691 | TYPHOID VACCINE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90694 | VACC AIIV4 NO PRSRV 0.5ML IM | - | - | 1/1/2021 | No Separate Payment | \$0.00 |
| 90696 | DTAP-IPV VACCINE 4-6 YRS IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90698 | DTAP-IPV/HIB VACCINE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90700 | DTAP VACCINE < 7 YRS IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90702 | DT VACCINE UNDER 7 YRS IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90707 | MMR VACCINE SC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90710 | MMRV VACCINE SC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90713 | POLIOVIRUS IPV SC/IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90714 | TD VACC NO PRESV 7 YRS+ IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90715 | TDAP VACCINE 7 YRS/> IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90717 | YELLOW FEVER VACCINE SUBQ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90732 | PPSV23 VACC 2 YRS+ SUBQ/IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90733 | MPSV4 VACCINE SUBQ | - | - | 7/1/2018 | Fee Schedule | \$106.49 |
| 90734 | MENACWYD/MENACWYCRM VACC IM | - | - | 7/1/2018 | Fee Schedule | \$97.49 |
| 90739 | HEPB VACC 2/4 DOSE ADULT IM | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| 90740 | HEPB VACC 3 DOSE IMMUNSUP IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90743 | HEPB VACC 2 DOSE ADOLESC IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90744 | HEPB VACC 3 DOSE PED/ADOL IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90746 | HEPB VACCINE 3 DOSE ADULT IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90747 | HEPB VACC 4 DOSE IMMUNSUP IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90749 | UNLISTED VACCINE/TOXOID | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90756 | CCIIV4 VACC ABX FREE IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 90759 | HEP B VAC 3AG 10MCG 3 DOS IM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| 91035 | G-ESOPH REFLX TST W/ELECTROD | - | - | 4/1/2024 | Fee Schedule | \$278.00 |
| 91200 | LIVER ELASTOGRAPHY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 91304 | SARSCOV2 VAC 5MCG/0.5ML IM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| 92018 | COMPL OPH EXAM GENERAL ANES | - | - | 7/1/2018 | Fee Schedule | \$505.41 |
| 92071 | CONTACT LENS FITTING FOR TX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 92072 | FITG C-LENS KERATOCONUS 1ST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 92920 | PRQ CARDIAC ANGIOPLAST 1 ART | Y | - | 4/1/2024 | Fee Schedule | \$3,410.51 |
| 92921 | PRQ CARDIAC ANGIO ADDL ART | - | - | 1/1/2020 | No Separate Payment | \$0.00 |
| 92928 | PRQ CARD STENT W/ANGIO 1 VSL | Y | - | 4/1/2024 | Fee Schedule | \$6,612.01 |
| 92929 | PRQ CARD STENT W/ANGIO ADDL | - | - | 1/1/2020 | No Separate Payment | \$0.00 |
| 92974 | CATH PLACE RADIO BRACHYTX | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| 92978 | ENDOLUMINL IVUS OCT C 1ST | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| 93451 | RIGHT HEART CATH | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93452 | LEFT HRT CATH W/VENTRCLGRPHY | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93453 | R&L HRT CATH W/VENTRCLGRPHY | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93454 | CORONARY ARTERY ANGIO S&I | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93455 | CORONARY ART/GRFT ANGIO S&I | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| 93456 | R HRT CORONARY ARTERY ANGIO | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93457 | R HRT ART/GRFT ANGIO | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93458 | L HRT ARTERY/VENTRICLE ANGIO | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93459 | L HRT ART/GRFT ANGIO | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93460 | R&L HRT ART/VENTRICLE ANGIO | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93461 | R&L HRT ART/VENTRICLE ANGIO | Y | - | 4/1/2024 | Fee Schedule | \$1,632.27 |
| 93462 | L HRT CATH TRNSPTL PUNCTURE | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 93463 | DRUG ADMIN & HEMODYNIC MEAS | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| 93566 | NJX CAR CTH SLCTV RV/RA ANG | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 93567 | NJX CAR CTH SPRVLV AORTGRPHY | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 93568 | NJX CAR CTH NSLC P-ART ANGRP | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 93571 | HEART FLOW RESERVE MEASURE | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 93572 | HEART FLOW RESERVE MEASURE | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| 93590 | PERQ TRANSCATH CLS MITRAL | Y | - | 7/1/2018 | Fee Schedule | \$8,850.26 |
| 93591 | PERQ TRANSCATH CLS AORTIC | Y | - | 7/1/2018 | Fee Schedule | \$8,850.26 |
| 93985 | DUP-SCAN HEMO COMPL BI STD | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| 93986 | DUP-SCAN HEMO COMPL UNI STD | - | - | 4/1/2024 | Fee Schedule | \$57.02 |
| 95940 | IONM IN OPERATNG ROOM 15 MIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 95941 | IONM REMOTE >1 PT OR PER HR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| 98966 | HC PRO PHONE CALL 5-10 MIN | - | - | 3/1/2020 | Fee Schedule | \$8.77 |
| 98967 | HC PRO PHONE CALL 11-20 | - | - | 3/1/2020 | Fee Schedule | \$17.71 |
| 98968 | HC PRO PHONE CALL 21-30 MIN | - | - | 3/1/2020 | Fee Schedule | \$26.47 |
| 99441 | PHONE E/M BY PHYS 5-10 MIN | - | - | 3/1/2020 | Fee Schedule | \$14.08 |
| 99442 | PHONE E/M BY PHYS 11-20 MIN | - | - | 3/1/2020 | Fee Schedule | \$28.42 |
| 99443 | PHONE E/M BY PHYS 21-30 MIN | - | - | 3/1/2020 | Fee Schedule | \$42.50 |
| A2001 | INNOVAMATRIX AC, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2002 | MIRRAGEN ADV WND MAT PER SQ | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2004 | XCELLISTEM, 1 MG | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2005 | MICROLYTE MATRIX, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2006 | NOVOSORB SYNPATH PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| A2007 | RESTRATA, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2008 | THERAGENESIS, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2009 | SYMPHONY, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2010 | APIS, PER SQUARE CENTIMETER | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2011 | SUPRA SDRM, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2012 | SUPRATHEL, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2013 | INNOVAMATRIX FS, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A2014 | OMEZA COLLAG PER 100 MG | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| A2015 | PHOENIX WND MTRX, PER SQ CM | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| A2016 | PERMEADERM B, PER SQ CM | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| A2017 | PERMEADERM GLOVE, EACH | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| A2018 | PERMEADERM C, PER SQ CM | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| A2019 | KERECIS MARIGEN SHLD SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| A2020 | AC5 WOUND SYSTEM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| A2021 | NEOMATRIX PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| A2022 | INNOVABRN/INNOVAMATX XL SQCM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A2023 | INNOVAMATRIX PD, 1 MG | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A2024 | RESOLVE MATRIX PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A2025 | MIRO3D PER CUBIC CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A4100 | SKIN SUB FDA CLRD AS DEV NOS | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| A4216 | STERILE WATER/SALINE, 10 ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| A4217 | STERILE WATER/SALINE, 500 ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4218 | STERILE SALINE OR WATER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4220 | INFUSION PUMP REFILL KIT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4244 | ALCOHOL OR PEROXIDE PER PINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4245 | ALCOHOL WIPES PER BOX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4246 | BETADINE/PHISOHEX SOLUTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4247 | BETADINE/IODINE SWABS/WIPES | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4248 | CHLORHEXIDINE ANTISEPT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4262 | TEMPORARY TEAR DUCT PLUG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4263 | PERMANENT TEAR DUCT PLUG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4270 | DISPOSABLE ENDOSCOPE SHEATH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4300 | CATH IMPL VASC ACCESS PORTAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4301 | IMPLANTABLE ACCESS SYST PERC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4305 | DRUG DELIVERY SYSTEM >=50 ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4306 | DRUG DELIVERY SYSTEM <=50 ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4344 | CATH INDW FOLEY 2 WAY SILICN | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A4641 | RADIOPHARM DX AGENT NOC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4642 | IN111 SATUMOMAB | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A4650 | IMPLANT RADIATION DOSIMETER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9156 | ORAL MUCOADHESIVE PER 1 ML | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A9500 | TC99M SESTAMIBI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9501 | TECHNETIUM TC-99M TEBOROXIME | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9502 | TC99M TETROFOSMIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9503 | TC99M MEDRONATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9504 | TC99M APCITIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9505 | TL201 THALLIUM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9507 | IN111 CAPROMAB | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9508 | I131 IODOBENGUATE, DX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9509 | IODINE I-123 SOD IODIDE MIL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9510 | TC99M DISOFENIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9512 | TC99M PERTECHNETATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9515 | CHOLINE C-11 | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| A9516 | IODINE I-123 SOD IODIDE MIC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9520 | TC99 TILMANOCEPT DIAG 0.5MCI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9521 | TC99M EXAMETAZIME | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9524 | I131 SERUM ALBUMIN, DX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9526 | NITROGEN N-13 AMMONIA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9527 | IODINE I-125 SODIUM IODIDE | - | - | 1/1/2024 | Fee Schedule | \$60.15 |
| A9528 | IODINE I-131 IODIDE CAP, DX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9529 | I131 IODIDE SOL, DX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9531 | I131 MAX 100UCI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9532 | I125 SERUM ALBUMIN, DX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9536 | TC99M DEPREEOTIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9537 | TC99M MEBROFENIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9538 | TC99M PYROPHOSPHATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9539 | TC99M PENTETATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9540 | TC99M MAA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9541 | TC99M SULFUR COLLOID | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9542 | IN111 IBRITUMOMAB, DX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9546 | CO57/58 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9547 | IN111 OXYQUINOLINE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| A9548 | IN111 PENTETATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9550 | TC99M GLUCEPTATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9551 | TC99M SUCCIMER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9552 | F18 FDG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9553 | CR51 CHROMATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9554 | I125 IOTHALAMATE, DX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9555 | RB82 RUBIDIUM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9556 | GA67 GALLIUM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9557 | TC99M BICISATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9558 | XE133 XENON 10MCI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9559 | CO57 CYANO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9560 | TC99M LABELED RBC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9561 | TC99M OXIDRONATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9562 | TC99M MERTIATIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9566 | TC99M FANOLESOMAB | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9567 | TECHNETIUM TC-99M AEROSOL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9568 | TECHNETIUM TC99M ARCITUMOMAB | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9569 | TECHNETIUM TC-99M AUTO WBC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9570 | INDIUM IN-111 AUTO WBC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9571 | INDIUM IN-111 AUTO PLATELET | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9572 | INDIUM IN-111 PENTETREOTIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9573 | INJ, GADOPICLENOL, 1 ML | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A9575 | INJ GADOTERATE MEGLUMI 0.1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9576 | INJ PROHANCE MULTIPACK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9577 | INJ MULTIHANCE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9578 | INJ MULTIHANCE MULTIPACK | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9579 | GAD-BASE MR CONTRAST NOS,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9580 | SODIUM FLUORIDE F-18 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9581 | GADOXETATE DISODIUM INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9582 | IODINE I-123 IOBENGUANE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9583 | GADOFOSVESET TRISODIUM INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9584 | IODINE I-123 IOFLUPANE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9585 | GADOBUTROL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9586 | FLORBETAPIR F18 | - | - | 1/1/2021 | No Separate Payment | \$0.00 |
| A9587 | GALLIUM GA-68 | - | - | 1/1/2020 | No Separate Payment | \$0.00 |
| A9588 | FLUCICLOVINE F-18 | - | - | 1/1/2020 | No Separate Payment | \$0.00 |
| A9590 | IODINE I-131 IOBENGUANE 1MCI | - | - | 7/1/2024 | Fee Schedule | \$339.16 |
| A9591 | FLUROESTRADIOL F 18 | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A9592 | COPPER CU 64 DOTATATE DIAG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| A9593 | GALLIUM GA-68 PSMA-11 UCSF | - | - | 7/1/2024 | No Separate Payment | \$0.00 |
| A9594 | GALLIUM GA-68 PSMA-11, UCLA | - | - | 7/1/2024 | No Separate Payment | \$0.00 |
| A9595 | PIFLU F-18, DIA 1 MILLICURIE | - | - | 4/1/2024 | Fee Schedule | \$615.12 |
| A9596 | GALLIUM ILLUCCIX 1 MILLICURE | - | - | 7/1/2024 | Fee Schedule | \$1,017.21 |
| A9597 | PET, DX, FOR TUMOR ID, NOC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9598 | PET DX FOR NON-TUMOR ID, NOC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| A9601 | FLORTAUCIPIR INJ 1 MILLICURI | - | - | 1/1/2024 | Fee Schedule | \$3,710.00 |
| A9602 | FLUORODOPA F-18 DIAG PER MCI | - | - | 1/1/2024 | Fee Schedule | \$446.88 |
| A9603 | INJ, PAFOLACIANINE, 0.1 MG | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| A9608 | FLOTUFOLASTAT F18 DIAG 1 MCI | - | - | 7/1/2024 | Fee Schedule | \$651.67 |
| A9609 | F18 FDG, 15 MILLICURIES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| A9697 | INJ, MAGTRACE PER STUDY DOSE | - | - | 10/1/2023 | No Separate Payment | \$0.00 |

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|-----------|-------------------------------|--------------------|----|-----------|---------------------|----------|
| A9698 | NON-RAD CONTRAST MATERIALNOC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| A9700 | ECHOCARDIOGRAPHY CONTRAST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| A9800 | GALLIUM LOCAMETZ 1 MILLICURI | - | - | 1/1/2024 | Fee Schedule | \$873.44 |
| C1052 | HEMOSTATIC AGENT, GI, TOPIC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1062 | INTRAVERTEBRAL FX AUG IMPL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1600 | CATH, BLADED, VASC PREP | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1601 | ENDO, SINGLE, PULMONARY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1602 | ORTH/MATRX/BN FILL DRUG-ELUT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1603 | RET DEV, LASER, IVC FILTER | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1604 | GRFT, TRNSMURL/TRNSVENS BYPS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1713 | ANCHOR/SCREW BN/BN,TIS/BN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1714 | CATH, TRANS ATHERECTOMY, DIR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1715 | BRACHYTHERAPY NEEDLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1716 | BRACHYTX, NON-STR, GOLD-198 | - | - | 1/1/2024 | Fee Schedule | \$270.91 |
| C1717 | BRACHYTX, NON-STR,HDR IR-192 | - | - | 1/1/2024 | Fee Schedule | \$346.98 |
| C1719 | BRACHYTX, NS, NON-HDRIR-192 | - | - | 1/1/2024 | Fee Schedule | \$348.42 |
| C1721 | AICD, DUAL CHAMBER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1722 | AICD, SINGLE CHAMBER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1724 | CATH, TRANS ATHEREC.ROTATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1725 | CATH, TRANSLUMIN NON-LASER | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1726 | CATH, BAL DIL, NON-VASCULAR | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1727 | CATH, BAL TIS DIS, NON-VAS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1728 | CATH, BRACHYTX SEED ADM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1729 | CATH, DRAINAGE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1730 | CATH, EP, 19 OR FEW ELECT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1731 | CATH, EP, 20 OR MORE ELEC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1732 | CATH, EP, DIAG/ABL, 3D/VECT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1733 | CATH, EP, OTHR THAN COOL-TIP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1734 | ORTH/DEVIC/DRUG BN/BN,TIS/BN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1747 | ENDO, SINGLE, URINARY TRACT | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| C1748 | ENDOSCOPE, SINGLE, UGI | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| C1749 | ENDO, COLON, RETRO IMAGING | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1750 | CATH, HEMODIALYSIS, LONG-TERM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1751 | CATH, INF, PER/CENT/MIDLINE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1752 | CATH,HEMODIALYSIS,SHORT-TERM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1753 | CATH, INTRAVAS ULTRASOUND | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1754 | CATHETER, INTRADISCAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1755 | CATHETER, INTRASPINAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1756 | CATH, PACING, TRANSESOPH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1757 | CATH, THROMBECTOMY/EMBOLECT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1758 | CATHETER, URETERAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1759 | CATH, INTRA ECHOCARDIOGRAPHY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1760 | CLOSURE DEV, VASC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1761 | CATH, TRANS INTRA LITHO/CORO | - | - | 7/1/2021 | No Separate Payment | \$0.00 |
| C1762 | CONN TISS, HUMAN(INC FASCIA) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1763 | CONN TISS, NON-HUMAN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1764 | EVENT RECORDER, CARDIAC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1765 | ADHESION BARRIER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1766 | INTRO/SHEATH,STRBLE,NON-PEEL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1767 | GENERATOR, NEURO NON-RECHARG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1768 | GRAFT, VASCULAR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|--------|
| C1769 | GUIDE WIRE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1770 | IMAGING COIL, MR, INSERTABLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1771 | REP DEV, URINARY, W/SLING | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1772 | INFUSION PUMP, PROGRAMMABLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1773 | RET DEV, INSERTABLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1776 | JOINT DEVICE (IMPLANTABLE) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1777 | LEAD, AICD, ENDO SINGLE COIL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1778 | LEAD, NEUROSTIMULATOR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1779 | LEAD, PMKR, TRANSVENOUS VDD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1780 | LENS, INTRAOCULAR (NEW TECH) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1781 | MESH (IMPLANTABLE) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1782 | MORCELLATOR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1783 | OCULAR IMP, AQUEOUS DRAIN DE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1784 | OCULAR DEV, INTRAOP, DET RET | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1785 | PMKR, DUAL, RATE-RESP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1786 | PMKR, SINGLE, RATE-RESP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1787 | PATIENT PROGR, NEUROSTIM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1788 | PORT, INDWELLING, IMP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1789 | PROSTHESIS, BREAST, IMP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1813 | PROSTHESIS, PENILE, INFLATAB | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| C1814 | RETINAL TAMP, SILICONE OIL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1815 | PROS, URINARY SPH, IMP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1816 | RECEIVER/TRANSMITTER, NEURO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1817 | SEPTAL DEFECT IMP SYS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1818 | INTEGRATED KERATOPROSTHESIS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1819 | TISSUE LOCALIZATION-EXCISION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1820 | GENERATOR NEURO RECHG BAT SY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1821 | INTERSPINOUS IMPLANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1822 | GEN, NEURO, HF, RECHG BAT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1823 | GEN, NEURO, TRANS SEN/STIM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| C1824 | GENERATOR, CCM, IMPLANT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1825 | GEN, NEURO, CAROT SINUS BARO | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1826 | GEN, NEURO, CLO LOOP, RECHG | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| C1827 | GEN, NEURO, IMP LED, EX CNTR | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| C1830 | POWER BONE MARROW BX NEEDLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1831 | PERSONALIZED INTERBODY CAGE | - | - | 10/1/2021 | No Separate Payment | \$0.00 |
| C1832 | AUTO CELL PROCESS SYS | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| C1833 | CARDIAC MONITOR SYS | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| C1839 | IRIS PROSTHESIS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C1840 | TELESCOPIC INTRAOCULAR LENS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1874 | STENT, COATED/COV W/DEL SYS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1875 | STENT, COATED/COV W/O DEL SY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1876 | STENT, NON-COA/NON-COV W/DEL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1877 | STENT, NON-COAT/COV W/O DEL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1878 | MATRL FOR VOCAL CORD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1880 | VENA CAVA FILTER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1881 | DIALYSIS ACCESS SYSTEM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1882 | AICD, OTHER THAN SING/DUAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1883 | ADAPT/EXT, PACING/NEURO LEAD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1884 | EMBOLIZATION PROTECT SYST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1885 | CATH, TRANSLUMIN ANGIO LASER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| C1886 | CATHETER, ABLATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1887 | CATHETER, GUIDING | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1888 | ENDOVAS NON-CARDIAC ABL CATH | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1889 | IMPLANT/INSERT DEVICE, NOC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1890 | NO DEVICE W/DEV-INTENSIVE PX | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| C1891 | INFUSION PUMP, NON-PROG, PERM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1892 | INTRO/SHEATH, FIXED, PEEL-AWAY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1893 | INTRO/SHEATH, FIXED, NON-PEEL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1894 | INTRO/SHEATH, NON-LASER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1895 | LEAD, AICD, ENDO DUAL COIL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1896 | LEAD, AICD, NON SING/DUAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1897 | LEAD, NEUROSTIM TEST KIT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1898 | LEAD, PMKR, OTHER THAN TRANS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1899 | LEAD, PMKR/AICD COMBINATION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1900 | LEAD, CORONARY VENOUS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C1982 | CATH, PRESSURE, VALVE-OCCLU | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C2596 | PROBE, ROBOTIC, WATER-JET | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C2613 | LUNG BX PLUG W/DEL SYS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2614 | PROBE, PERC LUMB DISC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2615 | SEALANT, PULMONARY, LIQUID | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2616 | BRACHYTX, NON-STR, YTTRIUM-90 | - | - | 1/1/2024 | Fee Schedule | \$17,177.01 |
| C2617 | STENT, NON-COR, TEM W/O DEL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2618 | PROBE/NEEDLE, CRYO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2619 | PMKR, DUAL, NON RATE-RESP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2620 | PMKR, SINGLE, NON RATE-RESP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2621 | PMKR, OTHER THAN SING/DUAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2622 | PROSTHESIS, PENILE, NON-INF | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| C2623 | CATH, TRANSLUMIN, DRUG-COAT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2624 | WIRELESS PRESSURE SENSOR | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C2625 | STENT, NON-COR, TEM W/DEL SY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2626 | INFUSION PUMP, NON-PROG, TEMP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2627 | CATH, SUPRAPUBIC/CYSTOSCOPIC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2628 | CATHETER, OCCLUSION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2629 | INTRO/SHEATH, LASER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2630 | CATH, EP, COOL-TIP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2631 | REP DEV, URINARY, W/O SLING | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C2634 | BRACHYTX, NON-STR, HA, I-125 | - | - | 1/1/2024 | Fee Schedule | \$150.81 |
| C2635 | BRACHYTX, NON-STR, HA, P-103 | - | - | 1/1/2024 | Fee Schedule | \$59.13 |
| C2636 | BRACHY LINEAR, NON-STR, P-103 | - | - | 1/1/2024 | Fee Schedule | \$54.05 |
| C2638 | BRACHYTX, STRANDED, I-125 | - | - | 1/1/2024 | Fee Schedule | \$41.78 |
| C2639 | BRACHYTX, NON-STRANDED, I-125 | - | - | 1/1/2024 | Fee Schedule | \$34.95 |
| C2640 | BRACHYTX, STRANDED, P-103 | - | - | 1/1/2024 | Fee Schedule | \$76.19 |
| C2641 | BRACHYTX, NON-STRANDED, P-103 | - | - | 1/1/2024 | Fee Schedule | \$73.86 |
| C2642 | BRACHYTX, STRANDED, C-131 | - | - | 1/1/2024 | Fee Schedule | \$97.51 |
| C2643 | BRACHYTX, NON-STRANDED, C-131 | - | - | 1/1/2024 | Fee Schedule | \$80.33 |
| C2644 | BRACHYTX CESIUM-131 CHLORIDE | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| C2645 | BRACHYTX PLANAR, P-103 | - | - | 1/1/2024 | Fee Schedule | \$4.69 |
| C2698 | BRACHYTX, STRANDED, NOS | - | - | 1/1/2024 | Fee Schedule | \$41.78 |
| C2699 | BRACHYTX, NON-STRANDED, NOS | - | - | 1/1/2024 | Fee Schedule | \$34.95 |
| C5271 | LOW COST SKIN SUBSTITUTE APP | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| C5272 | LOW COST SKIN SUBSTITUTE APP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| C5273 | LOW COST SKIN SUBSTITUTE APP | Y | - | 4/1/2024 | Fee Schedule | \$945.87 |
| C5274 | LOW COST SKIN SUBSTITUTE APP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C5275 | LOW COST SKIN SUBSTITUTE APP | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| C5276 | LOW COST SKIN SUBSTITUTE APP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C5277 | LOW COST SKIN SUBSTITUTE APP | Y | - | 4/1/2024 | Fee Schedule | \$325.76 |
| C5278 | LOW COST SKIN SUBSTITUTE APP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C7500 | DEB BONE 20 CM2 W/DRUG DEV | - | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| C7501 | PERC BX BREAST LESIONS STERO | - | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| C7502 | PERC BX BREAST LESIONS MR | - | - | 4/1/2024 | Fee Schedule | \$1,157.01 |
| C7503 | OPEN EXC CERV NODE(S) W/ ID | - | - | 4/1/2024 | Fee Schedule | \$2,535.69 |
| C7504 | PERQ CVT&LS INJ VERT BODIES | - | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| C7505 | PERQ LS&CVT INJ VERT BODIES | - | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| C7506 | FUSION OF FINGER JOINTS | - | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| C7507 | PERQ THOR&LUMB VERT AUG | - | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| C7508 | PERQ LUMB&THOR VERT AUG | - | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| C7509 | DX BRONCH W/ NAVIGATION | - | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| C7510 | BRONCH/LAVAG W/ NAVIGATION | - | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| C7511 | BRONCH/BPSY(S) W/ NAVIGATION | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| C7512 | BRONCH/BPSY(S) W/ EBUS | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| C7513 | CATH/ANGIO DIALCIR W/APLASTY | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| C7514 | CATH/ANGIO DIAL CIR W/STENTS | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| C7515 | CATH/ANGIO DIAL CIR W/EMBOL | Y | - | 4/1/2024 | Fee Schedule | \$1,547.83 |
| C7516 | COR ANGIO W/ IVUS OR OCT | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7517 | COR ANGIO W/ILIC/FEM ANGIO | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7518 | COR/GFT ANGIO W/ IVUS OR OCT | - | - | 4/1/2023 | Fee Schedule | \$2,326.79 |
| C7519 | COR/GFT ANGIO W/ FLOW RESRV | - | - | 4/1/2023 | Fee Schedule | \$2,326.79 |
| C7520 | COR/GFT ANGIO W/ILIC/FEM ANG | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7521 | R HRT ANGIO W/ IVUS OR OCT | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7522 | R HRT ANGIO W/FLOW RESRV | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7523 | L HRT ANGIO W/ IVUS OR OCT | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7524 | L HRT ANGIO W/FLOW RESRV | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7525 | L HRT GFT ANG W/ IVUS OR OCT | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7526 | L HRT GFT ANG W/FLOW RESRV | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7527 | R&L HRT ANGIO W/ IVUS OR OCT | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7528 | R&L HRT ANGIO W/FLOW RESRV | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7529 | R&L HRT GFT ANG W/FLOW RESRV | - | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7530 | CATH/APLASTY DIAL CIR W/STNT | - | - | 4/1/2024 | Fee Schedule | \$4,846.92 |
| C7531 | ANGIO FEM/POP W/ US | - | - | 4/1/2024 | Fee Schedule | \$5,771.17 |
| C7532 | ANGIO W/ US NON-CORONARY | - | - | 4/1/2024 | Fee Schedule | \$5,599.09 |
| C7533 | PTCA W/ PLCMT BRACHYTX DEV | - | - | 4/1/2024 | Fee Schedule | \$5,731.64 |
| C7534 | FEM/POP REVASC W/ARTHR & US | - | - | 4/1/2023 | Fee Schedule | \$10,086.53 |
| C7535 | FEM/POP REVASC W/STENT & US | - | - | 4/1/2024 | Fee Schedule | \$10,041.32 |
| C7537 | INSRT ATRIL PM W/L VENT LEAD | - | - | 4/1/2024 | Fee Schedule | \$10,563.40 |
| C7538 | INSRT VENT PM W/L VENT LEAD | - | - | 4/1/2024 | Fee Schedule | \$10,760.40 |
| C7539 | INSRT A & V PM W/L VENT LEAD | - | - | 4/1/2024 | Fee Schedule | \$10,978.11 |
| C7540 | RMV&RPLC PM DUL W/L VNT LEAD | Y | - | 4/1/2024 | Fee Schedule | \$10,805.21 |
| C7541 | ERCP W/ PANCREATOSCOPY | - | - | 4/1/2023 | Fee Schedule | \$2,273.13 |
| C7542 | ERCP W/BX & PANCREATOSCOPY | - | - | 4/1/2023 | Fee Schedule | \$2,273.13 |
| C7543 | ERCP W/OTOMY, PANCREATOSCOPY | - | - | 4/1/2023 | Fee Schedule | \$2,273.13 |
| C7544 | ERCP RMV CALC PANCREATOSCOPY | - | - | 4/1/2023 | Fee Schedule | \$2,273.13 |
| C7545 | EXCH BIL CATH W/ RMV CALCULI | - | - | 4/1/2024 | Fee Schedule | \$2,575.02 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| C7546 | REP NPH/URT CATH W/DIL STRIC | - | - | 4/1/2023 | Fee Schedule | \$1,496.39 |
| C7547 | CNVRT NEPH CATH W/ DIL STRIC | Y | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| C7548 | EXCH NEPH CATH W/ DIL STRIC | - | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| C7549 | CHGE URTR STENT W/ DIL STRIC | - | - | 4/1/2023 | Fee Schedule | \$1,496.39 |
| C7550 | CYSTO W/ BX(S) W/ BLUE LIGHT | - | - | 4/1/2024 | Fee Schedule | \$1,625.92 |
| C7551 | EXC NEUROMA W/ IMPLNT NV END | - | - | 4/1/2024 | Fee Schedule | \$3,012.44 |
| C7552 | R HRT ART/GRFT ANG HRT FLOW | - | - | 4/1/2023 | Fee Schedule | \$2,326.79 |
| C7553 | R&L HRT ART/VENT ANG DRG AD | - | - | 4/1/2023 | Fee Schedule | \$2,326.79 |
| C7554 | CYSTURETH BLU LI CYST FL IMG | - | - | 4/1/2024 | Fee Schedule | \$929.77 |
| C7555 | RMVL THYRD W/AUTOTRAN PARATH | - | - | 4/1/2023 | Fee Schedule | \$4,279.60 |
| C7556 | BRONCH LAVAGE W/EBUS | Y | - | 4/1/2024 | Fee Schedule | \$1,566.45 |
| C7557 | COR ANGIO/VENT W/FFR | Y | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7558 | COR ANGIO/VENT W/DRUG ADMIN | Y | - | 4/1/2024 | Fee Schedule | \$2,525.79 |
| C7560 | ERCP REMOVE FORGN BODY&ENDO | Y | - | 4/1/2024 | Fee Schedule | \$1,798.89 |
| C8900 | MRA W/CONT, ABD | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8901 | MRA W/O CONT, ABD | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| C8902 | MRA W/O FOL W/CONT, ABD | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8903 | MRI W/CONT, BREAST, UNI | - | - | 4/1/2024 | Fee Schedule | \$95.30 |
| C8905 | MRI W/O FOL W/CONT, BRST, UN | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8906 | MRI W/CONT, BREAST, BI | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8908 | MRI W/O FOL W/CONT, BREAST, | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8909 | MRA W/CONT, CHEST | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8910 | MRA W/O CONT, CHEST | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| C8911 | MRA W/O FOL W/CONT, CHEST | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8912 | MRA W/CONT, LWR EXT | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8913 | MRA W/O CONT, LWR EXT | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| C8914 | MRA W/O FOL W/CONT, LWR EXT | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8918 | MRA W/CONT, PELVIS | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8919 | MRA W/O CONT, PELVIS | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| C8920 | MRA W/O FOL W/CONT, PELVIS | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8931 | MRA, W/DYE, SPINAL CANAL | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8932 | MRA, W/O DYE, SPINAL CANAL | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| C8933 | MRA, W/O&W/DYE, SPINAL CANAL | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8934 | MRA, W/DYE, UPPER EXTREMITY | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C8935 | MRA, W/O DYE, UPPER EXTR | - | - | 4/1/2024 | Fee Schedule | \$127.10 |
| C8936 | MRA, W/O&W/DYE, UPPER EXTR | - | - | 4/1/2024 | Fee Schedule | \$199.47 |
| C9034 | INJECTION, DEXAMETHASONE 9% | - | - | 4/1/2019 | Fee Schedule | \$1.11 |
| C9046 | COCAINE HCL NASAL (GOPRELTO) | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9047 | INJECTION, CAPLACIZUMAB-YHDP | - | - | 7/1/2024 | Fee Schedule | \$768.22 |
| C9054 | INJECTION, LEFAMULIN | - | - | 7/1/2020 | No Separate Payment | \$0.00 |
| C9067 | GALLIUM GA-68 DOTATOC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9088 | INSTILL, BUPIVAC AND MELOXIC | - | - | 7/1/2024 | Fee Schedule | \$0.77 |
| C9089 | BUPIVACAINE IMPLANT, 1 MG | - | - | 1/1/2024 | Fee Schedule | \$0.85 |
| C9101 | INJ, OLICERIDINE 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$1.35 |
| C9143 | COCAINE HCL NASAL (NUMBRINO) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| C9144 | INJ, BUPIVACAINE (POSIMIR) | - | - | 7/1/2024 | Fee Schedule | \$0.51 |
| C9145 | INJ, APONVIE, 1 MG | - | - | 1/1/2024 | Fee Schedule | \$1.88 |
| C9150 | XE129 XENON, DIAGNOSTIC | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| C9248 | INJ, CLEVIDIPINE BUTYRATE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9250 | ARTISS FIBRIN SEALANT | - | - | 7/1/2024 | Fee Schedule | \$138.31 |
| C9254 | INJECTION, LACOSAMIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| C9257 | BEVACIZUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$1.81 |
| C9285 | PATCH, LIDOCAINE/TETRACAINE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C9290 | INJ, BUPIVACAINE LIPOSOME | - | - | 7/1/2024 | Fee Schedule | \$1.46 |
| C9293 | INJECTION, GLUCARPIDASE | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| C9352 | NEURAGEN NERVE GUIDE, PER CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9353 | NEURAWRAP NERVE PROTECTOR,CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9354 | VERITAS COLLAGEN MATRIX, CM2 | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9355 | NEUROMATRIX NERVE CUFF, CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9356 | TENOGLIDE TENDON PROT, CM2 | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9358 | SURGIMEND, FETAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9359 | IMPLNT,BON VOID FILLER-PUTTY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9360 | SURGIMEND, NEONATAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9361 | NEUROMEND NERVE WRAP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C9362 | IMPLNT,BON VOID FILLER-STRIP | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9363 | INTEGRA MESHED BIL WOUND MAT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C9364 | PORCINE IMPLANT, PERMACOL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOG | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| C9460 | INJECTION, CANGRELOR | - | - | 7/1/2024 | Fee Schedule | \$18.33 |
| C9462 | INJECTION, DELAFLOXACIN | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| C9482 | SOTALOL HYDROCHLORIDE IV | - | - | 7/1/2024 | Fee Schedule | \$22.79 |
| C9488 | CONIVAPTAN HCL | - | - | 1/1/2024 | Fee Schedule | \$47.24 |
| C9600 | PERC DRUG-EL COR STENT SING | Y | - | 4/1/2024 | Fee Schedule | \$6,701.25 |
| C9601 | PERC DRUG-EL COR STENT BRAN | - | - | 1/1/2020 | No Separate Payment | \$0.00 |
| C9602 | PERC D-E COR STENT ATHER S | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9603 | PERC D-E COR STENT ATHER BR | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9604 | PERC D-E COR REVASC T CABG S | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9605 | PERC D-E COR REVASC T CABG B | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9607 | PERC D-E COR REVASC CHRO SIN | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9608 | PERC D-E COR REVASC CHRO ADD | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9725 | PLACE ENDORECTAL APP | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| C9726 | RXT BREAST APPL PLACE/REMOV | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C9727 | INSERT PALATE IMPLANTS | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| C9728 | PLACE DEVICE/MARKER, NON PRO | - | - | 4/1/2024 | Fee Schedule | \$718.69 |
| C9733 | NON-OPHTHALMIC FVA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C9734 | U/S TRTMT, NOT LEIOMYOMATA | Y | - | 4/1/2024 | Fee Schedule | \$8,186.13 |
| C9738 | BLUE LIGHT CYSTO IMAG AGENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| C9739 | CYSTOSCOPY PROSTATIC IMP 1-3 | Y | - | 4/1/2024 | Fee Schedule | \$3,760.52 |
| C9740 | CYSTO IMPL 4 OR MORE | Y | - | 4/1/2024 | Fee Schedule | \$7,345.51 |
| C9751 | MICROWAVE BRONCH, 3D, EBUS | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9757 | SPINE DEVICE IMPLANT SURGERY | Y | - | 4/1/2024 | Fee Schedule | \$6,499.71 |
| C9758 | BLIND INTERATRIAL SHUNT IDE | - | - | 1/1/2022 | Not Allowed | \$0.00 |
| C9759 | TRANSCATH INTRAOP MICROINF | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| C9761 | CYSTO, LITHO, VACUUM KIDNEY | Y | - | 4/1/2024 | Fee Schedule | \$4,544.99 |
| C9762 | CARDIAC MRI SEG DYS STRAIN | - | - | 4/1/2024 | Fee Schedule | \$286.14 |
| C9763 | CARDIAC MRI SEG DYS STRESS | - | - | 4/1/2024 | Fee Schedule | \$286.14 |
| C9764 | REVASC INTRAVASC LITHOTRIPSY | Y | - | 4/1/2024 | Fee Schedule | \$7,255.81 |
| C9765 | REVASC INTRA LITHOTRIP-STENT | Y | - | 4/1/2024 | Fee Schedule | \$11,743.44 |
| C9766 | REVASC INTRA LITHOTRIP-ATHER | Y | - | 4/1/2024 | Fee Schedule | \$12,075.19 |
| C9767 | REVASC LITHOTRIP-STENT-ATHER | Y | - | 4/1/2024 | Fee Schedule | \$12,340.46 |
| C9769 | CYSTO W/TEMP PROS IMPLANT | Y | - | 4/1/2024 | Fee Schedule | \$7,047.65 |
| C9772 | REVASC LITHOTRIP TIBI/PERONE | Y | - | 4/1/2024 | Fee Schedule | \$6,671.23 |

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**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|---------------------------------|--------------------|----|-----------|---------------------|-------------|
| C9773 | REVASC LITHOTR-STENT TIB/PER | Y | - | 4/1/2024 | Fee Schedule | \$11,401.82 |
| C9774 | REVASC LITHOTR-ATHER TIB/PER | Y | - | 4/1/2024 | Fee Schedule | \$12,050.83 |
| C9775 | REVASC LITH-STEN-ATH TIB/PER | Y | - | 4/1/2024 | Fee Schedule | \$12,215.39 |
| C9776 | FLUO BILE DUCT IMAGING W/ICG | - | - | 4/1/2021 | No Separate Payment | \$0.00 |
| C9777 | ESOPHAG MUC INTEG W/ESO EGD | Y | - | 4/1/2024 | Fee Schedule | \$2,265.63 |
| C9778 | COLPOEXY, MIN/INV, EX-PERIT | Y | - | 4/1/2024 | Fee Schedule | \$2,689.36 |
| C9779 | ESD ENDOSCOPY OR COLONOSCOPY | Y | - | 1/1/2022 | Fee Schedule | \$1,530.14 |
| C9780 | INSERT CV CATH INF & SUP APP | - | - | 1/1/2022 | Fee Schedule | \$5,443.96 |
| C9781 | ARTHRO/SHOUL SURG; W/SPACER | Y | - | 4/1/2024 | Fee Schedule | \$10,003.79 |
| C9789 | INSTILL PHARM RENAL PELVIS | Y | - | 4/1/2024 | Fee Schedule | \$1,225.12 |
| C9790 | KIDNEY HISTOTRIPSY W/IMAGE | - | - | 7/1/2024 | Not Allowed | \$0.00 |
| C9794 | COMPLEX SIMULATION W/PET-CT | - | - | 4/1/2024 | Fee Schedule | \$1,061.80 |
| C9796 | RPR INTST EXCL ANRECT FIST | Y | - | 4/1/2024 | Fee Schedule | \$1,698.90 |
| C9797 | VASC EMB/OCC W/PRS CATH | Y | - | 4/1/2024 | Fee Schedule | \$9,905.00 |
| D0120 | PERIODIC ORAL EVALUATION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0140 | LIMIT ORAL EVAL PROBLM FOCUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0150 | COMPREHENSIVE ORAL EVALUATION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0160 | EXTENSV ORAL EVAL PROB FOCUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0170 | RE-EVAL, EST, PT, PROBLEM FOCUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0171 | RE-EVAL POST-OP VISIT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0180 | COMP PERIODONTAL EVALUATION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0191 | ASSESSMENT OF A PATIENT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0210 | INTRAOR COMPREHENSIVE SERIES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0220 | INTRAORAL PERIAPICAL FIRST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0230 | INTRAORAL PERIAPICAL EA ADD | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0240 | INTRAORAL OCCLUSAL FILM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0250 | EXTRAORAL 2D PROJECT FILM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0251 | EXTRAORAL POSTERIOR IMAGE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0270 | DENTAL BITEWING SINGLE IMAGE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0272 | DENTAL BITEWING TWO IMAGES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0273 | BITEWINGS - THREE IMAGES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0274 | BITEWINGS FOUR IMAGES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0277 | VET BITEWINGS 7 TO 8 IMAGES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0330 | PANORAMIC IMAGE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0340 | 2D CEPHALOMETRIC IMAGE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0350 | ORAL/FACIAL PHOTO IMAGES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0367 | CONE BEAM CT INTERP BOTH JAW | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0383 | CONE BEAM CT BOTH JAWS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D0393 | TRTMNT SIMULATION 3D IMAGE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D1110 | DENTAL PRPHYLAXIS ADULT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D1354 | INT CARIES MED APP PER TOOTH | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2140 | AMALGAM ONE SURFACE PERMAMEM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2150 | AMALGAM TWO SURFACES PERMANE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2160 | AMALGAM THREE SURFACES PERMA | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2161 | AMALMAG 4 OR > SURFACES PERM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2330 | RESIN ONE SURFACE-ANTERIOR | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2331 | RESIN TWO SURFACE-ANTERIOR | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2332 | RESIN THREE SURFACE-ANTERIO | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2335 | RESIN 4/> SURF OR W INCIS AN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2390 | ANT RESON-BASED CMPST CROWN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2391 | POST 1 SRFC RESINBASED CMPST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|--------------------------------|--------------------|----|-----------|---------------------|------------|
| D2392 | POST 2 SRFC RESINBASED CMPST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2393 | POST 3 SRFC RESINBASED CMPST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2394 | POST >=SRFC RESINBASE CMPST | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2412 | GINGIVECTOMY/PLASTY REST | Y | - | 1/1/2024 | Fee Schedule | \$1,318.89 |
| D2740 | CROWN PORCELAIN/CERAMIC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2750 | CROWN PORCELAIN W/ H NOBLE M | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2751 | CROWN PORCELAIN FUSED BASE M | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2752 | CROWN PORCELAIN W/ NOBLE MET | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2791 | CROWN FULL CAST BASE METAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2799 | INTERIM CROWN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2920 | RE-CEMENT OR RE-BOND CROWN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2929 | PREFAB PORC/CERAM CROWN PRI | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2930 | PREFAB STNLSS STEEL CRWN PRI | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2931 | PREFAB STNLSS STEEL CROWN PE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2932 | PREFABRICATED RESIN CROWN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2933 | PREFAB STAINLESS STEEL CROWN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2934 | PREFAB STEEL CROWN PRIMAR | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2940 | PROTECTIVE RESORATION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2941 | INT THERAPEUTIC RESTORATION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2950 | CORE BUILD-UP INCL ANY PINS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2951 | TOOTH PIN RETENTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2952 | POST AND CORE EAST + CROWN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D2954 | PREFAB POST/CORE + CROWN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3110 | PULP CAP DIRECT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3120 | PULP CAP INDIRECT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3220 | THERAPUTIC PULPOTOMY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3221 | GROSS PULPAL DEBRIDEMENT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3222 | PART PULP FOR APEXOGENESIS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3230 | PULPAL THERAPY ANTERIOR PRIM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3240 | PULPAL THERAPY POSTERIOR PRI | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3310 | END THXPY, ANTERIOR TOOTH | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3320 | END THXPY, PREMOLAR TOOTH | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3330 | END THXPY, MOLAR TOOTH | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3460 | ENDODONTIC ENDOSSEOUS IMPLAN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D3910 | ISOLATION- TOOTH WITH RUBB DAM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D4210 | GINGIVECTOMY/PLASTY 4 OR MOR | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| D4211 | GINGIVECTOMY/PLASTY 1 TO 3 | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| D4212 | GINGIVECTOMY/PLASTY REST | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| D4260 | OSSEOUS SURGERY 4 OR MORE | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| D4263 | BONE REPLACE GRAFT FIRST SITE | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D4270 | PEDICLE SOFT TISSUE GRAFT PR | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| D4273 | AUTO TISSUE GRAFT 1ST TOOTH | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| D4341 | PERIODONTAL SCALING & ROOT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D4342 | PERIODONTAL SCALING 1-3 TEETH | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D4346 | SCALING GINGIV INFLAMMATION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D4355 | FULL MOUTH DEBRIDEMENT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D4381 | LOCALIZED DELIVERY ANTIMICRO | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D4910 | PERIODONTAL MAINT PROCEDURES | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D7111 | EXTRACTION CORONAL REMNANTS | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7140 | EXTRACTION ERUPTED TOOTH/EXR | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7210 | REM IMP TOOTH W MUCOPER FLP | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |

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|-----------|-------------------------------|--------------------|----|-----------|---------------------|-------------|
| D7220 | IMPACT TOOTH REMOV SOFT TISS | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7230 | IMPACT TOOTH REMOV PART BONY | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7240 | IMPACT TOOTH REMOV COMP BONY | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7241 | IMPACT TOOTH REM BONY W/COMP | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7250 | TOOTH ROOT REMOVAL | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7270 | TOOTH REIMPLANTATION | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7310 | ALVEOPLASTY W/ EXTRACTION | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| D7311 | ALVEOPLASTY W/EXTRACT 1-3 | Y | - | 4/1/2024 | Fee Schedule | \$666.76 |
| D7472 | REMOVAL OF LORUS PALATINUS | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7473 | ROMOVE TORUS MANDIBULARIS | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7510 | I&D ABSC INTRAORAL SOFT TISS | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| D7511 | INCISION/DRAIN ABSCESS INTRA | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| D7520 | I&D ABSCESS EXTRAORAL | Y | - | 4/1/2024 | Fee Schedule | \$364.93 |
| D7550 | REMOVAL OF SLOUGHED OFF BONE | Y | - | 4/1/2024 | Fee Schedule | \$456.68 |
| D7922 | PLACE INTRA-SOCKET BIO DRESS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| D7950 | MANIDBLE GRAFT | Y | - | 4/1/2024 | Fee Schedule | \$2,760.51 |
| E0616 | CARDIAC EVENT RECORDER | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| E0749 | ELEC OSTEOGEN STIM IMPLANTED | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| E0782 | NON-PROGRAMBLE INFUSION PUMP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| E0783 | PROGRAMMABLE INFUSION PUMP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| E0785 | REPLACEMENT IMPL PUMP CATHET | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| E0786 | IMPLANTABLE PUMP REPLACEMENT | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| G0104 | CA SCREEN;FLEXI SIGMOIDSCOPE | Y | - | 4/1/2024 | Fee Schedule | \$154.13 |
| G0105 | COLORECTAL SCRIN; HI RISK IND | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| G0121 | COLON CA SCRIN NOT HI RSK IND | Y | - | 4/1/2024 | Fee Schedule | \$474.05 |
| G0127 | TRIM NAIL(S) | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0130 | SINGLE ENERGY X-RAY STUDY | - | - | 4/1/2024 | Fee Schedule | \$28.63 |
| G0186 | DSTRY EYE LESN,FDR VSSL TECH | Y | - | 4/1/2024 | Fee Schedule | \$301.49 |
| G0235 | PET NOT OTHERWISE SPECIFIED | - | - | 4/1/2024 | Fee Schedule | \$213.93 |
| G0247 | ROUTINE FOOTCARE PT W LOPS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0259 | INJECT FOR SACROILLIAC JOINT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0260 | INJ FOR SACROILLIAC JT ANESTH | Y | - | 4/1/2024 | Fee Schedule | \$358.69 |
| G0268 | REMOVAL OF IMPACTED WAX MD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0269 | OCCLUSIVE DEVICE IN VEIN ART | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0276 | PILD/PLACEBO CONTROL CLIN TR | Y | - | 4/1/2024 | Fee Schedule | \$3,392.54 |
| G0278 | ILIAC ART ANGIO,CARDIAC CATH | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| G0288 | RECON, CTA FOR SURG PLAN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0289 | ARTHRO, LOOSE BODY + CHONDRO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0330 | FACILITY SVS DENTAL REHAB | Y | - | 4/1/2024 | Fee Schedule | \$1,318.75 |
| G0339 | ROBOT LIN-RADSURG COM, FIRST | - | - | 7/1/2018 | Fee Schedule | \$1,852.08 |
| G0340 | ROBT LIN-RADSURG FRACTX 2-5 | - | - | 7/1/2018 | Fee Schedule | \$1,321.34 |
| G0364 | BONE MARROW ASPIRATE &BIOPSY | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0429 | DERMAL FILLER INJECTION(S) | Y | - | 4/1/2024 | Fee Schedule | \$55.26 |
| G0448 | PLACE PERM PACING CARDIOVERT | - | - | 7/1/2018 | Fee Schedule | \$29,599.81 |
| G0453 | CONT INTRAOP NEURO MONITOR | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G0458 | LDR PROSTATE BRACHY COMP RAT | - | - | 7/1/2018 | Fee Schedule | \$1,892.55 |
| G0516 | INSERT DRUG DEL IMPLANT, >=4 | - | - | 7/1/2019 | No Separate Payment | \$0.00 |
| G0517 | REMOVE DRUG IMPLANT | - | - | 7/1/2019 | No Separate Payment | \$0.00 |
| G0518 | REMOVE W INSERT DRUG IMPLANT | - | - | 7/1/2019 | No Separate Payment | \$0.00 |
| G2001 | POST D/C H VST NEW PT 20 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2002 | POST-D/C H VST NEW PT 30 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |

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|-----------|-------------------------------|--------------------|----|-----------|---------------------|------------|
| G2003 | POST-D/C H VST NEW PT 45 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2004 | POST-D/C H VST NEW PT 60 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2005 | POST-D/C H VST NEW PT 75 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2006 | POST-D/C H VST EXT PT 20 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2007 | POST-D/C H VST EXT PT 30 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2008 | POST-D/C H VST EXT PT 45 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2009 | POST-D/C H VST EXT PT 60 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2013 | POST-D/C H VST EXT PT 75 M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2014 | POST-D/C CARE PLAN OVERS 30M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2015 | POST-D/C CARE PLAN OVERS 60M | - | - | 4/1/2019 | Not Allowed | \$0.00 |
| G2061 | QUAL NONMD EST PT 5-10M | - | - | 3/1/2020 | Fee Schedule | \$8.29 |
| G2062 | QUAL NONMD EST PT 11-20M | - | - | 3/1/2020 | Fee Schedule | \$14.69 |
| G2063 | QUAL NONMD EST PT 21>MIN | - | - | 3/1/2020 | Fee Schedule | \$22.75 |
| G8907 | PT DOC NO EVENTS ON DISCHARGE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8908 | PT DOC W BURN PRIOR TO D/C | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8909 | PT DOC NO BURN PRIOR TO D/C | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8910 | PT DOC TO HAVE FALL IN ASC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8911 | PT DOC NO FALL IN ASC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8912 | PT DOC WITH WRONG EVENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8913 | PT DOC NO WRONG EVENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8914 | PT TRANS TO HOSP POST D/C | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8915 | PT NOT TRANS TO HOSP AT D/C | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8916 | PT W IV AB GIVEN ON TIME | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8917 | PT W IV AB NOT GIVEN ON TIME | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| G8918 | PT W/O PREOP ORDER IV AB PROP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0120 | TETRACYCLIN INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0121 | INJ., OMADACYCLINE, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$3.88 |
| J0122 | INJ., ERAVACYCLINE, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$1.21 |
| J0129 | ABATACEPT INJECTION | - | - | 7/1/2024 | Fee Schedule | \$43.73 |
| J0130 | ABCIXIMAB INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0131 | INJ, ACETAMINOPHEN (NOS) | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0132 | ACETYLCYSTEINE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0133 | ACYCLOVIR INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0134 | INJ ACETAMINOPHEN -FRESENIUS | - | - | 1/1/2024 | Fee Schedule | \$0.05 |
| J0135 | ADALIMUMAB INJECTION | - | - | 1/1/2024 | Fee Schedule | \$1,834.49 |
| J0136 | INJ, ACETAMINOPHEN (B BRAUN) | - | - | 4/1/2024 | Fee Schedule | \$0.05 |
| J0137 | INJ, ACETAMINOPHEN (HIKMA) | - | - | 7/1/2024 | Fee Schedule | \$0.05 |
| J0153 | ADENOSINE INJ 1MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0171 | ADRENALIN EPINEPHRINE INJECT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0172 | INJ, ADUCANUMAB-AVWA, 2 MG | - | - | 1/1/2024 | Fee Schedule | \$5.98 |
| J0173 | INJ, EPINEPHRINE (BELCHER) | - | - | 7/1/2024 | Fee Schedule | \$1.86 |
| J0174 | INJ, LECANEMAB-IRMB, 1 MG | - | - | 4/1/2024 | Fee Schedule | \$1.34 |
| J0178 | AFLIBERCEPT INJECTION | - | - | 7/1/2024 | Fee Schedule | \$835.40 |
| J0179 | INJ, BROLUZUMAB-DBLL, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$331.23 |
| J0180 | AGALSIDASE BETA INJECTION | - | - | 7/1/2024 | Fee Schedule | \$222.93 |
| J0184 | INJ, AMISULPRIDE, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$9.07 |
| J0185 | INJ., APREPITANT, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$1.72 |
| J0190 | INJ BIPERIDEN LACTATE/5 MG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0200 | ALATROFLOXACIN MESYLATE | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0202 | INJECTION, ALEMTUZUMAB | - | - | 7/1/2024 | Fee Schedule | \$2,348.84 |
| J0205 | ALGLUCERASE INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J0206 | INJ ALLOPURINOL SODIUM 1 MG | - | - | 7/1/2024 | Fee Schedule | \$5.49 |
| J0207 | AMIFOSTINE | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0208 | INJ SODIUM THIOSULFATE 100MG | - | - | 7/1/2024 | Fee Schedule | \$95.97 |
| J0210 | METHYLDOPATE HCL INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0215 | ALEFACEPT | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0216 | INJ, ALFENTANIL HCL, 500MCG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0217 | INJ VELMANASE ALFA-TYCV 1 MG | - | - | 7/1/2024 | Fee Schedule | \$444.40 |
| J0218 | INJ OLIPUDASE ALFA-RPCP 1MG | - | - | 7/1/2024 | Fee Schedule | \$381.83 |
| J0219 | INJ AVAL ALFA-NQPT 4MG | - | - | 7/1/2024 | Fee Schedule | \$77.60 |
| J0220 | ALGLUCOSIDASE ALFA INJECTION | - | - | 1/1/2024 | Fee Schedule | \$148.86 |
| J0221 | LUMIZYME INJECTION | - | - | 7/1/2024 | Fee Schedule | \$201.67 |
| J0222 | INJ., PATISIRAN, 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$99.35 |
| J0223 | INJ GIVOSIRAN 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$112.28 |
| J0224 | INJ. LUMASIRAN, 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$318.49 |
| J0225 | INJ, VUTRISIRAN, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$4,932.11 |
| J0256 | ALPHA 1 PROTEINASE INHIBITOR | - | - | 7/1/2024 | Fee Schedule | \$4.83 |
| J0257 | GLASSIA INJECTION | - | - | 7/1/2024 | Fee Schedule | \$5.39 |
| J0278 | AMIKACIN SULFATE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0280 | AMINOPHYLLIN 250 MG INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0282 | AMIODARONE HCL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0283 | INJ, AMIODARONE (NEXTERONE) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0285 | AMPHOTERICIN B | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0287 | AMPHOTERICIN B LIPID COMPLEX | - | - | 1/1/2024 | Fee Schedule | \$11.13 |
| J0288 | AMPHO B CHOLESTERYL SULFATE | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0289 | AMPHOTERICIN B LIPOSOME INJ | - | - | 7/1/2024 | Fee Schedule | \$21.63 |
| J0290 | AMPICILLIN 500 MG INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0291 | INJ., PLAZOMICIN, 5 MG | - | - | 7/1/2024 | Fee Schedule | \$3.59 |
| J0295 | AMPICILLIN SULBACTAM 1.5 GM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0300 | AMOBARBITAL 125 MG INJ | - | - | 1/1/2024 | Fee Schedule | \$114.24 |
| J0330 | SUCCINYLCHOLINE CHLORIDE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0348 | ANIDULAFUNGIN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0349 | INJ, REZAFUNGIN, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$10.12 |
| J0350 | INJECTION ANISTREPLASE 30 U | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0360 | HYDRALAZINE HCL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0364 | APOMORPHINE HYDROCHLORIDE | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0365 | APROTONIN, 10,000 KIU | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0380 | INJ METARAMINOL BITARTRATE | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0390 | CHLOROQUINE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0391 | INJ, ARTESUNATE, 1MG | - | - | 7/1/2024 | Fee Schedule | \$51.83 |
| J0395 | ARBUTAMINE HCL INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0400 | ARIPIRAZOLE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0401 | INJ ARIPIRAZOLE EXT REL 1MG | - | - | 7/1/2024 | Fee Schedule | \$7.01 |
| J0402 | INJ, ABILIFY ASIMTUFII, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$5.92 |
| J0456 | AZITHROMYCIN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0457 | INJECTION, AZTREONAM, 100 MG | - | - | 7/1/2024 | Fee Schedule | \$2.13 |
| J0461 | ATROPINE SULFATE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0470 | DIMECAPROL INJECTION | - | - | 1/1/2024 | Fee Schedule | \$59.81 |
| J0475 | BACLOFEN 10 MG INJECTION | - | - | 7/1/2024 | Fee Schedule | \$177.58 |
| J0476 | BACLOFEN INTRATHECAL TRIAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0480 | BASILIXIMAB | - | - | 7/1/2024 | Fee Schedule | \$4,581.22 |
| J0485 | BELATACEPT INJECTION | - | - | 1/1/2024 | Fee Schedule | \$3.87 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J0490 | BELIMUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$54.13 |
| J0491 | INJ ANIFROLUMAB-FNIA 1MG | - | - | 7/1/2024 | Fee Schedule | \$17.33 |
| J0500 | DICYCLOMINE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0515 | INJ BENZTROPINE MESYLATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0517 | INJ., BENRALIZUMAB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$168.22 |
| J0520 | BETHANECHOL CHLORIDE INJECT | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0558 | PENG BENZATHINE/PROCAINE INJ | - | - | 7/1/2024 | Fee Schedule | \$19.52 |
| J0561 | PENICILLIN G BENZATHINE INJ | - | - | 7/1/2024 | Fee Schedule | \$23.97 |
| J0565 | INJ, BEZLOTOXUMAB, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$39.89 |
| J0567 | INJ., CERLIPONASE ALFA 1 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0570 | BUPRENORPHINE IMPLANT 74.2MG | - | - | 1/1/2024 | Fee Schedule | \$1,311.75 |
| J0583 | BIVALIRUDIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0584 | INJECTION, BUROSUMAB-TWZA 1M | - | - | 7/1/2024 | Fee Schedule | \$464.74 |
| J0585 | INJECTION,ONABOTULINUMTOXINA | - | - | 7/1/2024 | Fee Schedule | \$6.38 |
| J0586 | ABOBOTULINUMTOXINA | - | - | 7/1/2024 | Fee Schedule | \$8.78 |
| J0587 | INJ, RIMABOTULINUMTOXINB | - | - | 7/1/2024 | Fee Schedule | \$13.06 |
| J0588 | INCOBOTULINUMTOXIN A | - | - | 7/1/2024 | Fee Schedule | \$5.21 |
| J0592 | BUPRENORPHINE HYDROCHLORIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0593 | INJ., LANADELUMAB-FLYO, 1 MG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0594 | BUSULFAN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$0.96 |
| J0595 | BUTORPHANOL TARTRATE 1 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0596 | INJECTION, RUCONEST | - | - | 7/1/2024 | Fee Schedule | \$34.78 |
| J0597 | C-1 ESTERASE, BERINERT | - | - | 7/1/2024 | Fee Schedule | \$67.77 |
| J0598 | C-1 ESTERASE, CINRYZE | - | - | 7/1/2024 | Fee Schedule | \$64.28 |
| J0599 | INJ., HAEGARDA 10 UNITS | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J0600 | EDETATE CALCIUM DISODIUM INJ | - | - | 7/1/2024 | Fee Schedule | \$6,309.65 |
| J0606 | INJ, ETELCALCETIDE, 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$2.51 |
| J0612 | CALCIUM GLUCON (FRESENIUS) | - | - | 7/1/2024 | Fee Schedule | \$0.04 |
| J0613 | CALCIUM GLUCON (WG CRITICAL) | - | - | 1/1/2024 | Fee Schedule | \$0.09 |
| J0620 | CALCIUM GLYCER & LACT/10 ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0630 | CALCITONIN SALMON INJECTION | - | - | 7/1/2024 | Fee Schedule | \$1,071.97 |
| J0636 | INJ CALCITRIOL PER 0.1 MCG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0637 | CASPOFUNGIN ACETATE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0638 | CANAKINUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$126.55 |
| J0640 | LEUCOVORIN CALCIUM INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0641 | INJ LEVOLEUCOVORIN NOS 0.5MG | - | - | 7/1/2024 | Fee Schedule | \$0.02 |
| J0642 | INJECTION, KHAPZORY, 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$1.70 |
| J0665 | INJ, BUPIVACAINE, NOS, 0.5MG | - | - | 7/1/2024 | Fee Schedule | \$0.01 |
| J0670 | INJ MEPIVACAINE HCL/10 ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0688 | INJ CEFAZOLIN SODIUM, HIKMA | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0689 | INJ CEFAZOLIN SODIUM, BAXTER | - | - | 7/1/2024 | Fee Schedule | \$1.27 |
| J0690 | CEFAZOLIN SODIUM INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0691 | INJ LEFAMULIN 1 MG | - | - | 1/1/2024 | Fee Schedule | \$0.72 |
| J0692 | CEFEPIME HCL FOR INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0694 | CEFOXITIN SODIUM INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0695 | INJ CEFTOLOZANE TAZOBACTAM | - | - | 7/1/2024 | Fee Schedule | \$8.24 |
| J0696 | CEFTRIAZONE SODIUM INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0697 | STERILE CEFUROXIME INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0698 | CEFOTAXIME SODIUM INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0699 | INJ, CEFIDEROCOL, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$2.27 |
| J0701 | INJ. CEFEPIME HCL (BAXTER) | - | - | 7/1/2024 | Fee Schedule | \$5.69 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J0702 | BETAMETHASONE ACET&SOD PHOSP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0703 | INJ, CEFEPIME HCL (B BRAUN) | - | - | 7/1/2024 | Fee Schedule | \$5.13 |
| J0706 | CAFFEINE CITRATE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0710 | CEPHAPIRIN SODIUM INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0712 | CEFTAROLINE FOSAMIL INJ | - | - | 7/1/2024 | Fee Schedule | \$4.03 |
| J0713 | INJ CEFTAZIDIME PER 500 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0714 | CEFTAZIDIME AND AVIBACTAM | - | - | 7/1/2024 | Fee Schedule | \$100.20 |
| J0715 | CEFTIZOXIME SODIUM / 500 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0716 | CENTRUROIDES IMMUNE F(AB) | - | - | 7/1/2024 | Fee Schedule | \$4,760.20 |
| J0717 | CERTOLIZUMAB PEGOL INJ 1MG | - | - | 7/1/2024 | Fee Schedule | \$4.46 |
| J0720 | CHLORAMPHENICOL SODIUM INJEC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0725 | CHORIONIC GONADOTROPIN/1000U | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0735 | CLONIDINE HYDROCHLORIDE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0736 | INJ, CLINDAMYCIN PHOSP 300MG | - | - | 7/1/2024 | Fee Schedule | \$2.39 |
| J0737 | INJ, CLINDAMYCIN (BAXTER) | - | - | 7/1/2024 | Fee Schedule | \$3.26 |
| J0740 | CIDOFOVIR INJECTION | - | - | 7/1/2024 | Fee Schedule | \$544.73 |
| J0741 | INJ, CABOTE RILPIVIR 2MG 3MG | - | - | 7/1/2024 | Fee Schedule | \$22.92 |
| J0742 | INJ IMIP 4 CILAS 4 RELEB 2MG | - | - | 7/1/2024 | Fee Schedule | \$2.52 |
| J0743 | CILASTATIN SODIUM INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0744 | CIPROFLOXACIN IV | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0745 | INJ CODEINE PHOSPHATE /30 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0770 | COLISTIMETHATE SODIUM INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0775 | COLLAGENASE, CLOST HIST INJ | - | - | 7/1/2024 | Fee Schedule | \$68.68 |
| J0780 | PROCHLORPERAZINE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0791 | INJ CRIZANLIZUMAB-TMCA 5MG | - | - | 7/1/2024 | Fee Schedule | \$127.39 |
| J0795 | CORTICORELIN OVINE TRIFLUTAL | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0801 | INJ. ACTHAR GEL TO 40 UNITS | - | - | 7/1/2024 | Fee Schedule | \$3,479.53 |
| J0802 | INJ. (ANI), UP TO 40 UNITS | - | - | 7/1/2024 | Fee Schedule | \$3,480.99 |
| J0834 | INJ., COSYNTROPIN, 0.25 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J0840 | CROTALIDAE POLY IMMUNE FAB | - | - | 7/1/2024 | Fee Schedule | \$1,894.15 |
| J0841 | INJ CROTALIDAE IM F(AB)2 EQ | - | - | 7/1/2024 | Fee Schedule | \$1,056.39 |
| J0850 | CYTOMEGALOVIRUS IMM IV /VIAL | - | - | 7/1/2024 | Fee Schedule | \$1,812.14 |
| J0873 | INJ, DAPTOMYCIN (XELLIA) | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0874 | INJ, DAPTOMYCIN (BAXTER) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0875 | INJECTION, DALBAVANCIN | - | - | 7/1/2024 | Fee Schedule | \$15.79 |
| J0877 | INJ, DAPTOMYCIN (HOSPIRA) | - | - | 4/1/2024 | Fee Schedule | \$0.06 |
| J0878 | DAPTOMYCIN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0879 | DIFELIKEFALIN, ESRD ON DIALY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J0881 | DARBEPOETIN ALFA, NON-ESRD | - | - | 7/1/2024 | Fee Schedule | \$3.06 |
| J0882 | DARBEPOETIN ALFA, ESRD USE | - | - | 7/1/2024 | Fee Schedule | \$3.06 |
| J0883 | ARGATROBAN NONESRD USE 1MG | - | - | 7/1/2024 | Fee Schedule | \$0.82 |
| J0884 | ARGATROBAN ESRD DIALYSIS 1MG | - | - | 7/1/2024 | Fee Schedule | \$0.82 |
| J0885 | EPOETIN ALFA, NON-ESRD | - | - | 7/1/2024 | Fee Schedule | \$8.13 |
| J0887 | EPOETIN BETA ESRD USE | - | - | 7/1/2024 | Fee Schedule | \$1.08 |
| J0888 | EPOETIN BETA NON ESRD | - | - | 7/1/2024 | Fee Schedule | \$1.08 |
| J0889 | DAPRODUSTAT ORAL 1MG ESRD | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J0891 | ARGATROBAN NONESRD (ACCORD) | - | - | 7/1/2024 | Fee Schedule | \$4.20 |
| J0892 | ARGATROBAN DIALYSIS (ACCORD) | - | - | 7/1/2024 | Fee Schedule | \$4.20 |
| J0893 | INJ, DECITABINE (SUN PHARMA) | - | - | 4/1/2024 | Fee Schedule | \$2.12 |
| J0894 | DECITABINE INJECTION | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| J0895 | DEFEROXAMINE MESYLATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| J0896 | INJ LUSPATERCEPT-AAMT 0.25MG | - | - | 7/1/2024 | Fee Schedule | \$40.68 |
| J0897 | DENOSUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$26.75 |
| J0898 | ARGATROBAN NONESRD (AUROMED) | - | - | 7/1/2024 | Fee Schedule | \$1.39 |
| J0899 | ARGATROBAN DIALYSIS, AUROMED | - | - | 7/1/2024 | Fee Schedule | \$1.39 |
| J0945 | BROMPHENIRAMINE MALEATE INJ | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1000 | DEPO-ESTRADIOL CYPIONATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1020 | METHYLPREDNISOLONE 20 MG INJ | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J1030 | METHYLPREDNISOLONE 40 MG INJ | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J1040 | METHYLPREDNISOLONE 80 MG INJ | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J1050 | MEDROXYPROGESTERONE ACETATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1071 | INJ TESTOSTERONE CYPIONATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1094 | INJ DEXAMETHASONE ACETATE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1095 | INJECTION, DEXAMETHASONE 9% | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| J1096 | DEXAMETHA OPTH INSERT 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$115.08 |
| J1097 | PHENYLEP KETOROLAC OPTH SOLN | - | - | 7/1/2024 | Fee Schedule | \$97.06 |
| J1100 | DEXAMETHASONE SODIUM PHOS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1105 | DEXMEDETOMIDINE FILM, 1 MCG | - | - | 7/1/2024 | Fee Schedule | \$0.77 |
| J1110 | INJ DIHYDROERGOTAMINE MESYLT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1120 | ACETAZOLAMID SODIUM INJECTIO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1130 | INJ DICLOFENAC SODIUM 0.5MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1160 | DIGOXIN INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1162 | DIGOXIN IMMUNE FAB (OVINE) | - | - | 1/1/2024 | Fee Schedule | \$4,777.44 |
| J1165 | PHENYTOIN SODIUM INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1170 | HYDROMORPHONE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1180 | DYPHYLLINE INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1190 | DEXRAZOAXANE HCL INJECTION | - | - | 7/1/2024 | Fee Schedule | \$100.67 |
| J1200 | DIPHENHYDRAMINE HCL INJECTIO | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1201 | INJ. CETIRIZINE HCL 0.5MG | - | - | 7/1/2024 | Fee Schedule | \$14.96 |
| J1205 | CHLOROTHIAZIDE SODIUM INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1212 | DIMETHYL SULFOXIDE 50% 50 ML | - | - | 7/1/2024 | Fee Schedule | \$706.17 |
| J1230 | METHADONE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1240 | DIMENHYDRINATE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1245 | DIPYRIDAMOLE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1250 | INJ DOBUTAMINE HCL/250 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1260 | DOLASETRON MESYLATE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1265 | DOPAMINE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1267 | DORIPENEM INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1270 | INJECTION, DOXERCALCIFEROL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1290 | ECALLANTIDE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$562.88 |
| J1300 | ECULIZUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$225.47 |
| J1301 | INJECTION, EDARAVONE, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$21.82 |
| J1302 | INJ, SUTIMLIMAB-JOME, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$18.10 |
| J1303 | INJ., RAVULIZUMAB-CWVZ 10 MG | - | - | 7/1/2024 | Fee Schedule | \$221.21 |
| J1304 | INJ TOFENSEN INTRATHEC 1 MG | - | - | 7/1/2024 | Fee Schedule | \$150.83 |
| J1305 | INJ, EVINACUMAB-DGNB, 5MG | - | - | 7/1/2024 | Fee Schedule | \$182.66 |
| J1306 | INJECTION, INCLISIRAN, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$12.21 |
| J1320 | AMITRIPTYLINE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1322 | ELOSULFASE ALFA, INJECTION | - | - | 7/1/2024 | Fee Schedule | \$288.54 |
| J1324 | ENFUVIRTIDE INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1325 | EPOPROSTENOL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1327 | EPTIFIBATIDE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$3.03 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| J1330 | ERGONOVINE MALEATE INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1335 | ERTAPENEM INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1364 | ERYTHRO LACTOBIONATE /500 MG | - | - | 7/1/2024 | Fee Schedule | \$69.79 |
| J1380 | ESTRADIOL VALERATE 10 MG INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1410 | INJ ESTROGEN CONJUGATE 25 MG | - | - | 7/1/2024 | Fee Schedule | \$384.03 |
| J1426 | INJECTION, CASIMERSEN, 10 MG | - | - | 1/1/2024 | Fee Schedule | \$166.23 |
| J1427 | INJ. VILTOLARSEN | - | - | 7/1/2024 | Fee Schedule | \$58.81 |
| J1428 | INJ, ETEPLIRSEN, 10 MG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1429 | INJ GOLODIRSEN 10 MG | - | - | 7/1/2024 | Fee Schedule | \$166.06 |
| J1430 | ETHANOLAMINE OLEATE 100 MG | - | - | 7/1/2024 | Fee Schedule | \$498.99 |
| J1435 | INJECTION ESTRONE PER 1 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1436 | ETIDRONATE DISODIUM INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1437 | INJ. FE DERISOMALTOSE 10 MG | - | - | 7/1/2024 | Fee Schedule | \$20.65 |
| J1438 | ETANERCEPT INJECTION | - | - | 1/1/2024 | Fee Schedule | \$790.78 |
| J1439 | INJ FERRIC CARBOXYMALTOS 1MG | - | - | 7/1/2024 | Fee Schedule | \$1.13 |
| J1440 | FECAL MICROBIOTA JSLM 1 ML | - | - | 7/1/2024 | Fee Schedule | \$63.28 |
| J1442 | INJ FILGRASTIM EXCL BIOSIMIL | - | - | 7/1/2024 | Fee Schedule | \$1.00 |
| J1443 | INJ FERRIC PYROPHOSPHATE CIT | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1444 | FE PYRO CIT POW 0.1 MG IRON | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1445 | INJ TRIFERIC AVNU 0.1MG IRON | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1447 | INJ TBO FILGRASTIM 1 MICROG | - | - | 7/1/2024 | Fee Schedule | \$0.40 |
| J1448 | INJECTION, TRILACICLIB, 1MG | - | - | 7/1/2024 | Fee Schedule | \$5.28 |
| J1449 | INJ EFLAPEGRASTIM-XNST 0.1MG | - | - | 7/1/2024 | Fee Schedule | \$26.17 |
| J1450 | FLUCONAZOLE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1451 | FOMEPIZOLE, 15 MG | - | - | 4/1/2024 | Fee Schedule | \$6.58 |
| J1452 | INTRAOCULAR FOMIVIRSEN NA | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1453 | FOSAPREPITANT INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1454 | INJ FOSNETUPITANT, PALONOSET | - | - | 7/1/2024 | Fee Schedule | \$687.15 |
| J1455 | FOSCARNET SODIUM INJECTION | - | - | 7/1/2024 | Fee Schedule | \$49.02 |
| J1456 | INJ, FOSAPREPITANT (TEVA) | - | - | 4/1/2024 | Fee Schedule | \$2.04 |
| J1457 | GALLIUM NITRATE INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1458 | GALSULFASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$475.67 |
| J1459 | INJ IVIG PRIVIGEN 500 MG | - | - | 7/1/2024 | Fee Schedule | \$48.67 |
| J1460 | GAMMA GLOBULIN 1 CC INJ | - | - | 7/1/2024 | Fee Schedule | \$50.07 |
| J1551 | INJ CUTAQUIG 100 MG | - | - | 7/1/2024 | Fee Schedule | \$14.53 |
| J1554 | INJ. ASCENIV | - | - | 7/1/2024 | Fee Schedule | \$491.40 |
| J1555 | INJ CUVITRU, 100 MG | - | - | 7/1/2024 | Fee Schedule | \$16.89 |
| J1556 | INJ, IMM GLOB BIVIGAM, 500MG | - | - | 7/1/2024 | Fee Schedule | \$75.17 |
| J1557 | GAMMAPLEX INJECTION | - | - | 7/1/2024 | Fee Schedule | \$54.57 |
| J1558 | INJ. XEMBIFY, 100 MG | - | - | 7/1/2024 | Fee Schedule | \$14.40 |
| J1559 | HIZENTRA INJECTION | - | - | 7/1/2024 | Fee Schedule | \$13.19 |
| J1560 | GAMMA GLOBULIN > 10 CC INJ | - | - | 7/1/2024 | Fee Schedule | \$500.71 |
| J1561 | GAMUNEX-C/GAMMAKED | - | - | 7/1/2024 | Fee Schedule | \$49.58 |
| J1562 | VIVAGLOBIN, INJ | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1566 | IMMUNE GLOBULIN, POWDER | - | - | 7/1/2024 | Fee Schedule | \$79.90 |
| J1568 | OCTAGAM INJECTION | - | - | 7/1/2024 | Fee Schedule | \$47.74 |
| J1569 | GAMMAGARD LIQUID INJECTION | - | - | 7/1/2024 | Fee Schedule | \$45.07 |
| J1570 | GANCICLOVIR SODIUM INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1571 | HEPAGAM B IM INJECTION | - | - | 7/1/2024 | Fee Schedule | \$62.78 |
| J1572 | FLEBOGAMMA INJECTION | - | - | 1/1/2024 | Fee Schedule | \$56.12 |
| J1573 | HEPAGAM B INTRAVENOUS, INJ | - | - | 7/1/2024 | Fee Schedule | \$62.78 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| J1574 | INJ, GANCICLOVIR (EXELA) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1575 | HYQVIA 100MG IMMUNEGLOBULIN | - | - | 7/1/2024 | Fee Schedule | \$17.24 |
| J1576 | INJ, PANZYGA, 500 MG | - | - | 7/1/2024 | Fee Schedule | \$69.77 |
| J1580 | GARAMYCIN GENTAMICIN INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1595 | INJECTION GLATIRAMER ACETATE | - | - | 7/1/2024 | Fee Schedule | \$167.07 |
| J1596 | INJ, GLYCOPYRROLATE, 0.1 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1599 | IVIG NON-LYOPHILIZED, NOS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1600 | GOLD SODIUM THIOMALEATE INJ | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1602 | GOLIMUMAB FOR IV USE 1MG | - | - | 7/1/2024 | Fee Schedule | \$11.37 |
| J1610 | GLUCAGON HYDROCHLORIDE/1 MG | - | - | 7/1/2024 | Fee Schedule | \$189.46 |
| J1611 | INJ GLUCAGON HCL, FRESENIUS | - | - | 7/1/2024 | Fee Schedule | \$129.67 |
| J1620 | GONADORELIN HYDROCH/ 100 MCG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1626 | GRANISETRON HCL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1627 | INJ, GRANISETRON, XR, 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$5.63 |
| J1628 | INJ., GUSELKUMAB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$73.63 |
| J1630 | HALOPERIDOL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1631 | HALOPERIDOL DECANOATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1632 | INJ., BREXANOLONE, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$71.07 |
| J1640 | HEMIN, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$32.12 |
| J1642 | INJ HEPARIN SODIUM PER 10 U | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1643 | INJ HEPARIN, PFIZER, 1000U | - | - | 7/1/2024 | Fee Schedule | \$3.42 |
| J1644 | INJ HEPARIN SODIUM PER 1000U | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1645 | DALTEPARIN SODIUM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1650 | INJ ENOXAPARIN SODIUM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1652 | FONDAPARINUX SODIUM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1655 | TINZAPARIN SODIUM INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1670 | TETANUS IMMUNE GLOBULIN INJ | - | - | 7/1/2024 | Fee Schedule | \$564.92 |
| J1680 | HUMAN FIBRINOGEN CONC INJ | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| J1700 | HYDROCORTISONE ACETATE INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1710 | HYDROCORTISONE SODIUM PH INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1720 | HYDROCORTISONE SODIUM SUCC I | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1726 | MAKENA, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$14.46 |
| J1729 | INJ HYDROXYPROGST CAPOAT NOS | - | - | 1/1/2024 | Fee Schedule | \$18.18 |
| J1730 | DIAZOXIDE INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1738 | INJ. MELOXICAM 1 MG | - | - | 7/1/2023 | No Separate Payment | \$0.00 |
| J1740 | IBANDRONATE SODIUM INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1741 | IBUPROFEN INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1742 | IBUTILIDE FUMARATE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$230.78 |
| J1743 | IDURSULFASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$544.92 |
| J1744 | ICATIBANT INJECTION | - | - | 7/1/2024 | Fee Schedule | \$155.11 |
| J1745 | INFLIXIMAB NOT BIOSIMIL 10MG | - | - | 7/1/2024 | Fee Schedule | \$31.71 |
| J1746 | INJ., IBALIZUMAB-UIYK, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$77.25 |
| J1747 | INJ, SPESOLIMAB-SBZO, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$61.42 |
| J1750 | INJ IRON DEXTRAN | - | - | 7/1/2024 | Fee Schedule | \$17.99 |
| J1756 | IRON SUCROSE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1786 | IMUGLUCERASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$43.74 |
| J1790 | DROPERIDOL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1800 | PROPRANOLOL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1805 | INJ, ESMOLOL HCL, 10MG | - | - | 7/1/2024 | Fee Schedule | \$0.26 |
| J1806 | INJ ESMOLOL HCL WG CRIT CARE | - | - | 7/1/2024 | Fee Schedule | \$0.40 |
| J1811 | FIASP FOR INSULIN PUMP USE | - | - | 7/1/2024 | Fee Schedule | \$7.54 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J1812 | INJ. INSULIN (FIASP) | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1813 | LYUMJEV FOR INSULIN PUMP USE | - | - | 7/1/2024 | Fee Schedule | \$15.53 |
| J1814 | INJ. INSULIN (LYUMJEV) | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1815 | INSULIN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1817 | INSULIN FOR INSULIN PUMP USE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1823 | INJ. INEBILIZUMAB-CDON, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$483.84 |
| J1826 | INTERFERON BETA-1A INJ | - | - | 1/1/2024 | Fee Schedule | \$1,910.69 |
| J1830 | INTERFERON BETA-1B / .25 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1833 | INJECTION, ISAVUCONAZONIUM | - | - | 7/1/2024 | Fee Schedule | \$0.98 |
| J1835 | ITRACONAZOLE INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1836 | INJ, METRONIDAZOLE, 10 MG | - | - | 4/1/2024 | Fee Schedule | \$0.03 |
| J1840 | KANAMYCIN SULFATE 500 MG INJ | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J1850 | KANAMYCIN SULFATE 75 MG INJ | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| J1885 | KETOROLAC TROMETHAMINE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1890 | CEPHALOTHIN SODIUM INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J1920 | INJ, LABETALOL HCL, 5MG | - | - | 4/1/2024 | Fee Schedule | \$0.17 |
| J1921 | INJ LABETALOL HCL HIKMA, 5MG | - | - | 7/1/2024 | Fee Schedule | \$2.13 |
| J1930 | LANREOTIDE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$50.03 |
| J1931 | LARONIDASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$38.63 |
| J1932 | INJ, LANREOTIDE, (CIPLA) 1MG | - | - | 7/1/2024 | Fee Schedule | \$42.34 |
| J1939 | INJ, BUMETANIDE, 0.5 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1940 | FUROSEMIDE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1943 | INJ., ARISTADA INITIO, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$3.14 |
| J1944 | ARIPRAZOLE LAUROXIL 1 MG | - | - | 7/1/2024 | Fee Schedule | \$3.22 |
| J1945 | LEPIRUDIN | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J1950 | LEUPROLIDE ACETATE /3.75 MG | - | - | 7/1/2024 | Fee Schedule | \$1,673.93 |
| J1951 | INJ FENSOLVI 0.25 MG | - | - | 7/1/2024 | Fee Schedule | \$140.00 |
| J1952 | LEUPROLIDE INJ, CAMCEVI, 1MG | - | - | 7/1/2024 | Fee Schedule | \$55.64 |
| J1953 | LEVETIRACETAM INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1954 | LEUPROLIDE DEPOT CIPLA 7.5MG | - | - | 7/1/2024 | Fee Schedule | \$306.66 |
| J1956 | LEVOFLOXACIN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1960 | LEVORPHANOL TARTRATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J1961 | INJ, LENACAPAVIR, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$21.92 |
| J1980 | HYOSCYAMINE SULFATE INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J1990 | CHLORDIAZEPOXIDE INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J2001 | LIDOCAINE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2010 | LINCOMYCIN INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2020 | LINEZOLID INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2021 | INJ, LINEZOLID (HOSPIRA) | - | - | 7/1/2024 | Fee Schedule | \$14.34 |
| J2060 | LORAZEPAM INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2062 | LOXAPINE FOR INHALATION 1 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2150 | MANNITOL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2170 | MECASERMIN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2175 | MEPERIDINE HYDROCHL /100 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2180 | MEPERIDINE/PROMETHAZINE INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2182 | INJECTION, MEPOLIZUMAB, 1MG | - | - | 7/1/2024 | Fee Schedule | \$30.46 |
| J2184 | INJ, MEROPENEM (B. BRAUN) | - | - | 7/1/2024 | No Separate Payment | \$0.00 |
| J2185 | MEROPENEM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2186 | INJ., MEROPENEM, VABORBACTAM | - | - | 1/1/2024 | Fee Schedule | \$2.08 |
| J2210 | METHYLERGONOVIN MALEATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2212 | METHYLNALTREXONE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$1.18 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J2247 | INJ, MICAFUNGIN (PAR PHARM) | - | - | 7/1/2024 | Fee Schedule | \$0.49 |
| J2248 | MICAFUNGIN SODIUM INJECTION | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| J2249 | INJ, REMIMAZOLAM, 1 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2250 | INJ MIDAZOLAM HYDROCHLORIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2251 | INJ MIDAZOLAM (WG CRIT CARE) | - | - | 7/1/2024 | No Separate Payment | \$0.00 |
| J2260 | INJ MILRINONE LACTATE / 5 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2265 | MINOCYCLINE HYDROCHLORIDE | - | - | 7/1/2024 | Fee Schedule | \$2.59 |
| J2270 | MORPHINE SULFATE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2272 | INJ, MORPHINE (FRESENIUS) | - | - | 7/1/2024 | No Separate Payment | \$0.00 |
| J2274 | INJ MORPHINE PF EPID ITHC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2278 | ZICONOTIDE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$9.78 |
| J2280 | INJ, MOXIFLOXACIN 100 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2281 | INJ MOXIFLOXACIN (FRES KABI) | - | - | 7/1/2024 | Fee Schedule | \$7.56 |
| J2300 | INJ NALBUPHINE HYDROCHLORIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2305 | INJ, NITROGLYCERIN, 5 MG | - | - | 7/1/2024 | Fee Schedule | \$1.34 |
| J2310 | INJ NALOXONE HYDROCHLORIDE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2311 | INJ, NALOXONE HCL (ZIMHI) | - | - | 7/1/2024 | Fee Schedule | \$7.71 |
| J2315 | NALTREXONE, DEPOT FORM | - | - | 7/1/2024 | Fee Schedule | \$4.10 |
| J2320 | NANDROLONE DECANOATE 50 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2323 | NATALIZUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$24.07 |
| J2325 | NESIRITIDE INJECTION | - | - | 1/1/2019 | Fee Schedule | \$74.80 |
| J2326 | INJ, NUSINERSEN, 0.1MG | - | - | 7/1/2024 | Fee Schedule | \$1,211.26 |
| J2327 | INJ RISANKIZUMAB-RZAA 1 MG | - | - | 7/1/2024 | Fee Schedule | \$14.99 |
| J2329 | INJ UBLITUXIMAB-XIYY, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$70.05 |
| J2350 | INJECTION, OCRELIZUMAB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$60.25 |
| J2353 | OCTREOTIDE INJECTION, DEPOT | - | - | 7/1/2024 | Fee Schedule | \$215.48 |
| J2354 | OCTREOTIDE INJ, NON-DEPOT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2355 | OPRELVEKIN INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J2356 | INJ TEZEPelumab-EKKO, 1MG | - | - | 7/1/2024 | Fee Schedule | \$18.24 |
| J2357 | OMALIZUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$38.33 |
| J2358 | OLANZAPINE LONG-ACTING INJ | - | - | 1/1/2024 | Fee Schedule | \$2.92 |
| J2359 | INJ. OLANZAPINE, 0.5MG | - | - | 7/1/2024 | Fee Schedule | \$0.98 |
| J2360 | ORPHENADRINE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2371 | INJ PHENYLEPHRINE HCL 20 MCG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2372 | INJ, BIORPHEN, 20 MICROGRAMS | - | - | 4/1/2024 | Fee Schedule | \$0.17 |
| J2401 | CHLOROPROCAINE HCL INJECTION | - | - | 7/1/2024 | Fee Schedule | \$0.03 |
| J2402 | CHLOROPROCAINE (CLOROTEKAL) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2403 | CHLOROPROCAINE OPHT GEL, 1MG | - | - | 7/1/2024 | Fee Schedule | \$0.63 |
| J2404 | INJ, NICARDIPINE 0.1 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2405 | ONDANSETRON HCL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2406 | INJECTION, ORITAVANCIN 10 MG | - | - | 7/1/2024 | Fee Schedule | \$41.93 |
| J2407 | INJECTION, ORITAVANCIN | - | - | 7/1/2024 | Fee Schedule | \$28.12 |
| J2410 | OXYMORPHONE HCL INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J2425 | PALIFERMIN INJECTION | - | - | 4/1/2024 | Fee Schedule | \$33.99 |
| J2426 | INJ, INVEGA SUSTENNA, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$14.66 |
| J2427 | INJ, INVEGA HAFYERA/TRINZA | - | - | 7/1/2024 | Fee Schedule | \$12.53 |
| J2430 | PAMIDRONATE DISODIUM /30 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2440 | PAPAVERIN HCL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2460 | OXYTETRACYCLINE INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2469 | PALONOSETRON HCL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2501 | PARICALCITOL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J2502 | INJ, PASIREOTIDE LONG ACTING | - | - | 7/1/2024 | Fee Schedule | \$480.98 |
| J2503 | PEGAPTANIB SODIUM INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2504 | PEGADEMASE BOVINE, 25 IU | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2506 | INJ PEGFILGRAST EX BIO 0.5MG | - | - | 7/1/2024 | Fee Schedule | \$55.13 |
| J2507 | PEGLOTICASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$3,447.06 |
| J2508 | PEGUNIGALSIDASE ALFA-IWXJ | - | - | 7/1/2024 | Fee Schedule | \$229.53 |
| J2510 | PENICILLIN G PROCAINE INJ | - | - | 1/1/2024 | Fee Schedule | \$40.94 |
| J2513 | PENTASTARCH 10% SOLUTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2515 | PENTOBARBITAL SODIUM INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2540 | PENICILLIN G POTASSIUM INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2543 | PIPERACILLIN/TAZOBACTAM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2547 | INJECTION, PERAMIVIR | - | - | 1/1/2024 | Fee Schedule | \$1.68 |
| J2550 | PROMETHAZINE HCL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2560 | PHENOBARBITAL SODIUM INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2561 | INJ, SEZABY, 1 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2562 | PLERIXAFOR INJECTION | - | - | 7/1/2024 | Fee Schedule | \$127.41 |
| J2590 | OXYTOCIN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2597 | INJ DESMOPRESSIN ACETATE | - | - | 7/1/2024 | Fee Schedule | \$5.56 |
| J2598 | INJ, VASOPRESSIN, 1 UNIT | - | - | 7/1/2024 | Fee Schedule | \$1.93 |
| J2599 | INJ VASOPRESSIN (AM REG) 1 U | - | - | 7/1/2024 | No Separate Payment | \$0.00 |
| J2650 | PREDNISOLONE ACETATE INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2670 | TOTAZOLINE HCL INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J2675 | INJ PROGESTERONE PER 50 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2679 | INJ FLUPHENAZINE HCL 1.25 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2680 | FLUPHENAZINE DECANOATE 25 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2690 | PROCAINAMIDE HCL INJECTION | - | - | 7/1/2024 | Fee Schedule | \$412.74 |
| J2700 | OXACILLIN SODIUM INJECTON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2704 | INJ, PROPOFOL, 10 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2710 | NEOSTIGMINE METHYLSLFTE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2720 | INJ PROTAMINE SULFATE/10 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2724 | PROTEIN C CONCENTRATE | - | - | 7/1/2024 | Fee Schedule | \$15.01 |
| J2725 | INJ PROTIRELIN PER 250 MCG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J2730 | PRALIDOXIME CHLORIDE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2760 | PHENTOLAMINE MESYLATE INJ | - | - | 7/1/2024 | Fee Schedule | \$399.33 |
| J2765 | METOCLOPRAMIDE HCL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2770 | QUINUPRISTIN/DALFOPRISTIN | - | - | 7/1/2024 | Fee Schedule | \$6.23 |
| J2777 | INJ, FARICIMAB-SVOA, 0.1MG | - | - | 7/1/2024 | Fee Schedule | \$34.82 |
| J2778 | RANIBIZUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$137.63 |
| J2779 | INJ, SUSVIMO 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$80.49 |
| J2781 | INJ, PEGCETACOPLAN, 1MG | - | - | 7/1/2024 | Fee Schedule | \$149.07 |
| J2782 | INJ AVACINCAPTAD PEGOL 0.1MG | - | - | 7/1/2024 | Fee Schedule | \$110.46 |
| J2783 | RASBURICASE | - | - | 7/1/2024 | Fee Schedule | \$370.90 |
| J2785 | REGADENOSON INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2786 | INJECTION, RESLIZUMAB, 1MG | - | - | 7/1/2024 | Fee Schedule | \$10.09 |
| J2787 | RIBOFLAVIN 5?PHOS OPTH<=3ML | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2788 | RHO D IMMUNE GLOBULIN 50 MCG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2790 | RHO D IMMUNE GLOBULIN INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2791 | RHOPHYLAC INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2792 | RHO(D) IMMUNE GLOBULIN H, SD | - | - | 7/1/2024 | Fee Schedule | \$33.72 |
| J2793 | RILONACEPT INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2794 | INJ RISPERDAL CONSTA, 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$12.16 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J2795 | ROPIVACAINE HCL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2796 | ROMIPLOSTIM INJECTION | - | - | 7/1/2024 | Fee Schedule | \$100.81 |
| J2797 | INJ., ROLAPITANT, 0.5 MG | - | - | 1/1/2019 | Fee Schedule | \$0.94 |
| J2798 | INJ., PERSERIS, 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$12.21 |
| J2799 | INJ, UZEDY, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$25.08 |
| J2800 | METHOCARBAMOL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2805 | SINCALIDE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2806 | INJ SINCALIDE, MAIA, 5 MCG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J2810 | INJ THEOPHYLLINE PER 40 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2820 | SARGRAMOSTIM INJECTION | - | - | 7/1/2024 | Fee Schedule | \$60.00 |
| J2840 | INJ SEBELIPASE ALFA 1 MG | - | - | 7/1/2024 | Fee Schedule | \$538.56 |
| J2850 | INJ SECRETIN SYNTHETIC HUMAN | - | - | 7/1/2024 | Fee Schedule | \$42.57 |
| J2860 | INJECTION, SILTUXIMAB | - | - | 7/1/2024 | Fee Schedule | \$153.16 |
| J2910 | AUROTHIOGLUCOSE INJECTON | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J2916 | NA FERRIC GLUCONATE COMPLEX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2920 | METHYLPREDNISOLONE INJECTION | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J2930 | METHYLPREDNISOLONE INJECTION | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J2940 | SOMATREM INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J2941 | SOMATROPIN INJECTION | - | - | 1/1/2024 | Fee Schedule | \$163.55 |
| J2950 | PROMAZINE HCL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J2993 | RETEPLASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$2,685.42 |
| J2995 | INJ STREPTOKINASE /250000 IU | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J2997 | ALTEPLASE RECOMBINANT | - | - | 7/1/2024 | Fee Schedule | \$91.34 |
| J2998 | INJ PLASMINOGEN TVMH 1MG | - | - | 7/1/2024 | Fee Schedule | \$34.97 |
| J3000 | STREPTOMYCIN INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3010 | FENTANYL CITRATE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3030 | SUMATRIPTAN SUCCINATE / 6 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3031 | INJ., FREMANEZUMAB-VFRM 1 MG | - | - | 7/1/2024 | Fee Schedule | \$1.86 |
| J3032 | INJ. EPTINEZUMAB-JJMR 1 MG | - | - | 7/1/2024 | Fee Schedule | \$18.66 |
| J3060 | INJ, TALIGLUCERASE ALFA 10 U | - | - | 7/1/2024 | Fee Schedule | \$44.57 |
| J3070 | PENTAZOCINE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3090 | INJ TEDIZOLID PHOSPHATE | - | - | 7/1/2024 | Fee Schedule | \$1.81 |
| J3095 | TELAVANCIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$7.06 |
| J3101 | TENECTEPLASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$157.47 |
| J3105 | TERBUTALINE SULFATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3111 | INJ. ROMOSUZUMAB-AQQG 1 MG | - | Y | 7/1/2024 | Fee Schedule | \$11.16 |
| J3121 | INJ TESTOSTERO ENANTHATE 1MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3145 | TESTOSTERONE UNDECANOATE 1MG | - | - | 7/1/2024 | Fee Schedule | \$1.89 |
| J3230 | CHLORPROMAZINE HCL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3240 | THYROTROPIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$2,065.84 |
| J3241 | INJ. TEPROTUMUMAB-TRBW 10 MG | - | - | 7/1/2024 | Fee Schedule | \$336.14 |
| J3243 | TIGECYCLINE INJECTION | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| J3244 | INJ. TIGECYCLINE (ACCORD) | - | - | 1/1/2024 | Fee Schedule | \$2.65 |
| J3245 | INJ., TILDRAKIZUMAB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$133.55 |
| J3246 | TIROFIBAN HCL | - | - | 7/1/2024 | Fee Schedule | \$3.96 |
| J3250 | TRIMETHOBENZAMIDE HCL INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3260 | TOBRAMYCIN SULFATE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3262 | TOCILIZUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$5.95 |
| J3265 | INJECTION TORSEMIDE 10 MG/ML | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J3280 | THIETHYLPERAZINE MALEATE INJ | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J3285 | TREPROSTINIL INJECTION | - | - | 7/1/2024 | Fee Schedule | \$55.48 |

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|-----------|--|--------------------|----|-----------|---------------------|------------|
| J3299 | INJ XIPERE 1 MG | - | - | 1/1/2024 | Fee Schedule | \$48.58 |
| J3300 | TRIAMCINOLONE A INJ PRS-FREE | - | - | 1/1/2020 | No Separate Payment | \$0.00 |
| J3301 | TRIAMCINOLONE ACET INJ NOS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3302 | TRIAMCINOLONE DIACETATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3303 | TRIAMCINOLONE HEXACETONL INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3304 | INJ TRIAMCINOLONE ACE XR 1MG | - | - | 7/1/2024 | Fee Schedule | \$17.83 |
| J3305 | INJ TRIMETREXATE GLUCORONATE | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J3310 | PERPHENAZINE INJECTON | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3315 | TRIPTORELIN PAMOATE | - | - | 7/1/2024 | Fee Schedule | \$458.51 |
| J3316 | INJ., TRIPTORELIN XR 3.75 MG | - | - | 7/1/2024 | Fee Schedule | \$3,432.75 |
| J3320 | SPECTINOMYCIN DI-HCL INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J3350 | UREA INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J3355 | UROFOLLITROPIN, 75 IU | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J3357 | USTEKINUMAB SUB CU INJ, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$158.16 |
| J3358 | USTEKINUMAB, IV INJECT, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$12.88 |
| J3360 | DIAZEPAM INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3364 | UROKINASE 5000 IU INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J3365 | UROKINASE 250,000 IU INJ | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J3370 | VANCOMYCIN HCL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J3371 | INJ, VANCOMYCIN HCL (MYLAN) | - | - | 7/1/2024 | Fee Schedule | \$5.94 |
| J3372 | INJ, VANCOMYCIN HCL (XELLIA) | - | - | 7/1/2024 | Fee Schedule | \$6.48 |
| J3380 | INJECTION, VEDOLIZUMAB | - | - | 7/1/2024 | Fee Schedule | \$22.88 |
| J3385 | VELAGLUCERASE ALFA | - | - | 7/1/2024 | Fee Schedule | \$369.48 |
| J3396 | VERTEPORFIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$11.52 |
| J3397 | INJ., VESTRONIDASE ALFA-VJBK | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J3398 | INJ LUXTURN A 1 BILLION VEC G | - | - | 7/1/2024 | Fee Schedule | \$2,874.62 |
| J3400 | TRIFLUPROMAZINE HCL INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J3401 | VYJUVEK 5X10 ⁹ PFU/ML, 0.1 ML | - | - | 7/1/2024 | Fee Schedule | \$996.94 |
| J3410 | HYDROXYZINE HCL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3411 | THIAMINE HCL 100 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3415 | PYRIDOXINE HCL 100 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3420 | VITAMIN B12 INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3425 | INJ, HYDROXOCOBALAMIN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3430 | VITAMIN K PHYTONADIONE INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3465 | INJECTION, VORICONAZOLE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3470 | HYALURONIDASE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3471 | OVINE, UP TO 999 USP UNITS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3472 | OVINE, 1000 USP UNITS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3473 | HYALURONIDASE RECOMBINANT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3475 | INJ MAGNESIUM SULFATE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3480 | INJ POTASSIUM CHLORIDE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3485 | ZIDOVUDINE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3486 | ZIPRASIDONE MESYLATE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3489 | ZOLEDRONIC ACID 1MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3490 | DRUGS UNCLASSIFIED INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3530 | NASAL VACCINE INHALATION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J3590 | UNCLASSIFIED BIOLOGICS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7030 | NORMAL SALINE SOLUTION INFUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7040 | NORMAL SALINE SOLUTION INFUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7042 | 5% DEXTROSE/NORMAL SALINE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7050 | NORMAL SALINE SOLUTION INFUS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| J7060 | 5% DEXTROSE/WATER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J7070 | D5W INFUSION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7100 | DEXTRAN 40 INFUSION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7110 | DEXTRAN 75 INFUSION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7120 | RINGERS LACTATE INFUSION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7121 | 5% DEXTROSE IN LAC RINGERS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J7131 | HYPERTONIC SALINE SOL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7168 | PROTHROMBIN COMPLEX KCENTRA | - | - | 7/1/2024 | Fee Schedule | \$2.27 |
| J7169 | INJ ANDEXXA, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$132.08 |
| J7170 | INJ., EMICIZUMAB-KXWH 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$52.57 |
| J7175 | INJ, FACTOR X, (HUMAN), 1IU | - | - | 1/1/2024 | Fee Schedule | \$9.11 |
| J7177 | INJ., FIBRYGA, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$1.10 |
| J7178 | INJ HUMAN FIBRINOGEN CON NOS | - | - | 7/1/2024 | Fee Schedule | \$1.44 |
| J7179 | VONVENDI INJ 1 IU VWF:RCO | - | - | 7/1/2024 | Fee Schedule | \$1.83 |
| J7180 | FACTOR XIII ANTI-HEM FACTOR | - | - | 4/1/2024 | Fee Schedule | \$10.15 |
| J7181 | FACTOR XIII RECOMB A-SUBUNIT | - | - | 7/1/2024 | Fee Schedule | \$17.63 |
| J7182 | FACTOR VIII RECOMB NOVOEIGHT | - | - | 4/1/2024 | Fee Schedule | \$1.38 |
| J7183 | WILATE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$1.27 |
| J7185 | XYNTHA INJ | - | - | 7/1/2024 | Fee Schedule | \$1.42 |
| J7186 | ANTIHEMOPHILIC VIII/VWF COMP | - | - | 4/1/2024 | Fee Schedule | \$1.19 |
| J7187 | HUMATE-P, INJ | - | - | 4/1/2024 | Fee Schedule | \$1.40 |
| J7188 | FACTOR VIII RECOMB OBIZUR | - | - | 1/1/2024 | Fee Schedule | \$3.22 |
| J7189 | FACTOR VIII RECOMB NOVOSEVEN | - | - | 7/1/2024 | Fee Schedule | \$2.54 |
| J7190 | FACTOR VIII | - | - | 7/1/2024 | Fee Schedule | \$1.08 |
| J7191 | FACTOR VIII (PORCINE) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J7192 | FACTOR VIII RECOMBINANT NOS | - | - | 7/1/2024 | Fee Schedule | \$1.55 |
| J7193 | FACTOR IX NON-RECOMBINANT | - | - | 7/1/2024 | Fee Schedule | \$1.39 |
| J7194 | FACTOR IX COMPLEX | - | - | 7/1/2024 | Fee Schedule | \$1.65 |
| J7195 | FACTOR IX RECOMBINANT NOS | - | - | 7/1/2024 | Fee Schedule | \$1.84 |
| J7196 | ANTITHROMBIN RECOMBINANT | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J7197 | ANTITHROMBIN III INJECTION | - | - | 7/1/2024 | Fee Schedule | \$3.89 |
| J7198 | ANTI-INHIBITOR | - | - | 7/1/2024 | Fee Schedule | \$2.36 |
| J7200 | FACTOR IX RECOMBINAN RIXUBIS | - | - | 7/1/2024 | Fee Schedule | \$1.62 |
| J7201 | FACTOR IX ALPROLIX RECOMB | - | - | 7/1/2024 | Fee Schedule | \$3.57 |
| J7202 | FACTOR IX IDELVION INJ | - | - | 7/1/2024 | Fee Schedule | \$5.06 |
| J7203 | FACTOR IX RECOMB GLY REBINYN | - | - | 7/1/2024 | Fee Schedule | \$4.51 |
| J7204 | INJ RECOMBIN ESPEROCT PER IU | - | - | 7/1/2024 | Fee Schedule | \$2.17 |
| J7205 | FACTOR VIII FC FUSION RECOMB | - | - | 7/1/2024 | Fee Schedule | \$2.30 |
| J7207 | FACTOR VIII PEGYLATED RECOMB | - | - | 7/1/2024 | Fee Schedule | \$2.03 |
| J7208 | INJ. JIVI 1 IU | - | - | 7/1/2024 | Fee Schedule | \$2.44 |
| J7209 | FACTOR VIII NUWIQ RECOMB 1IU | - | - | 7/1/2024 | Fee Schedule | \$1.22 |
| J7210 | INJ, AFSTYLA, 1 I.U. | - | - | 4/1/2024 | Fee Schedule | \$1.46 |
| J7211 | INJ, KOVALTRY, 1 I.U. | - | - | 7/1/2024 | Fee Schedule | \$1.47 |
| J7212 | FACTOR VIII RECOMB SEVENFACT | - | - | 7/1/2024 | Fee Schedule | \$2.27 |
| J7213 | INJ, IXINITY, 1 I.U. | - | - | 7/1/2024 | Fee Schedule | \$1.72 |
| J7214 | ALTUVIIIO PER FACTOR VIII IU | - | - | 7/1/2024 | Fee Schedule | \$4.70 |
| J7308 | AMINOLEVULINIC ACID HCL TOP | - | - | 7/1/2024 | Fee Schedule | \$395.24 |
| J7309 | METHYL AMINOLEVULINATE, TOP | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J7310 | GANCICLOVIR LONG ACT IMPLANT | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J7311 | INJ., RETISERT, 0.01 MG | - | Y | 7/1/2024 | Fee Schedule | \$316.27 |
| J7312 | DEXAMETHASONE INTRA IMPLANT | - | - | 7/1/2024 | Fee Schedule | \$205.56 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|------------|
| J7313 | INJ., ILUVIEN, 0.01 MG | - | - | 7/1/2024 | Fee Schedule | \$488.70 |
| J7314 | INJ., YUTIQ, 0.01 MG | - | - | 7/1/2024 | Fee Schedule | \$527.13 |
| J7315 | OPHTHALMIC MITOMYCIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J7316 | INJ, OCRIPLASMIN, 0.125 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7318 | INJ, DUROLANE 1 MG | - | - | 7/1/2024 | Fee Schedule | \$6.66 |
| J7320 | GENVISC 850, INJ, 1MG | - | - | 7/1/2024 | Fee Schedule | \$5.13 |
| J7321 | HYALGAN SUPARTZ VISCO-3 DOSE | - | - | 1/1/2020 | No Separate Payment | \$0.00 |
| J7322 | HYMOVIS INJECTION 1 MG | - | - | 7/1/2024 | Fee Schedule | \$17.56 |
| J7323 | EUFLEXXA INJ PER DOSE | - | - | 7/1/2024 | Fee Schedule | \$121.98 |
| J7324 | ORTHOVISC INJ PER DOSE | - | - | 7/1/2024 | Fee Schedule | \$119.80 |
| J7325 | SYNVISC OR SYNVISC-ONE | - | - | 7/1/2024 | Fee Schedule | \$8.82 |
| J7326 | GEL-ONE | - | - | 7/1/2024 | Fee Schedule | \$520.99 |
| J7327 | MONOVISC INJ PER DOSE | - | - | 7/1/2024 | Fee Schedule | \$651.85 |
| J7328 | GELSYN-3 INJECTION 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$0.56 |
| J7329 | INJ, TRIVISC 1 MG | - | - | 7/1/2024 | Fee Schedule | \$7.09 |
| J7331 | SYNOJOYNT, INJ., 1 MG | - | - | 7/1/2024 | Fee Schedule | \$10.29 |
| J7332 | INJ., TRILURON, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$10.19 |
| J7336 | CAPSAICIN 8% PATCH | - | - | 7/1/2024 | Fee Schedule | \$3.33 |
| J7340 | CARBIDOPA LEVODOPA ENT 100ML | - | - | 7/1/2024 | Fee Schedule | \$234.90 |
| J7342 | CIPROFLOXACIN OTIC SUSP 6 MG | - | - | 1/1/2024 | Fee Schedule | \$30.02 |
| J7345 | AMINOLEVULINIC ACID, 10% GEL | - | - | 7/1/2024 | Fee Schedule | \$1.74 |
| J7351 | INJ BIMATOPROST ITC IMP1MCG | - | - | 7/1/2024 | Fee Schedule | \$208.38 |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG | - | - | 1/1/2024 | Fee Schedule | \$2,873.33 |
| J7353 | ANACAULASE-BCDB 8.8% GEL 1 G | - | - | 7/1/2024 | Fee Schedule | \$58.32 |
| J7402 | MOMETASONE SINUS SINUVA | - | - | 1/1/2024 | Fee Schedule | \$11.35 |
| J7500 | AZATHIOPRINE ORAL 50MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7501 | AZATHIOPRINE PARENTERAL | - | - | 7/1/2024 | Fee Schedule | \$239.25 |
| J7502 | CYCLOSPORINE ORAL 100 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7503 | TACROL ENVARUSUS EX REL ORAL | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN | - | - | 7/1/2024 | Fee Schedule | \$3,982.59 |
| J7505 | MONOCLONAL ANTIBODIES | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J7507 | TACROLIMUS IMME REL ORAL 1MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7508 | TACROL ASTAGRAF EX REL ORAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7509 | METHYLPREDNISOLONE ORAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7510 | PREDNISOLONE ORAL PER 5 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7511 | ANTITHYMOCYTE GLOBULN RABBIT | - | - | 7/1/2024 | Fee Schedule | \$956.01 |
| J7512 | PREDNISONE IR OR DR ORAL 1MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7513 | DACLIZUMAB, PARENTERAL | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J7515 | CYCLOSPORINE ORAL 25 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J7516 | CYCLOSPORIN PARENTERAL 250MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7517 | MYCOPHENOLATE MOFETIL ORAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7518 | MYCOPHENOLIC ACID | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7519 | INJ. MYCOPHENOLATE MOFETIL | - | - | 7/1/2024 | Fee Schedule | \$0.54 |
| J7520 | SIROLIMUS, ORAL | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7525 | TACROLIMUS INJECTION | - | - | 7/1/2024 | Fee Schedule | \$253.61 |
| J7527 | ORAL EVEROLIMUS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7599 | IMMUNOSUPPRESSIVE DRUG NOC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7665 | MANNITOL FOR INHALER | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7674 | METHACHOLINE CHLORIDE, NEB | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J7799 | NON-INHALATION DRUG FOR DME | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J7999 | COMPOUNDED DRUG, NOC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| J8501 | ORAL APREPITANT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J8510 | ORAL BUSULFAN | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J8520 | CAPECITABINE, ORAL, 150 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J8521 | CAPECITABINE, ORAL, 500 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J8530 | CYCLOPHOSPHAMIDE ORAL 25 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J8540 | ORAL DEXAMETHASONE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J8560 | ETOPOSIDE ORAL 50 MG | - | - | 7/1/2024 | Fee Schedule | \$75.76 |
| J8562 | ORAL FLUDARABINE PHOSPHATE | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J8565 | GEFITINIB ORAL | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J8597 | ANTIEMETIC DRUG ORAL NOS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J8600 | MELPHALAN ORAL 2 MG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J8610 | METHOTREXATE ORAL 2.5 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J8650 | NABILONE ORAL | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| J8655 | ORAL NETUPITANT, PALONOSETRO | - | - | 7/1/2024 | Fee Schedule | \$393.86 |
| J8670 | ROLAPITANT, ORAL, 1MG | - | - | 7/1/2024 | Fee Schedule | \$1.76 |
| J8700 | TEMOZOLOMIDE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J8705 | TOPOTECAN ORAL | - | - | 7/1/2024 | Fee Schedule | \$114.31 |
| J9000 | DOXORUBICIN HCL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9001 | DOXORUBICIN HCL LIPOSOME INJ | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| J9015 | ALDESLEUKIN INJECTION | - | - | 1/1/2024 | Fee Schedule | \$3,943.00 |
| J9017 | ARSENIC TRIOXIDE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$10.69 |
| J9019 | ERWINAZE INJECTION | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J9020 | ASPARAGINASE, NOS | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9021 | INJ, ASPARA, RYLAZE, 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$52.60 |
| J9022 | INJ, ATEZOLIZUMAB,10 MG | - | - | 7/1/2024 | Fee Schedule | \$85.78 |
| J9023 | INJECTION, AVELUMAB, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$94.73 |
| J9025 | AZACITIDINE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9027 | CLOFARABINE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$9.19 |
| J9029 | INJ, ADSTILADRIN, PER TX DOS | - | Y | 7/1/2024 | Fee Schedule | \$63,499.33 |
| J9030 | BCG LIVE INTRAVESICAL 1MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9032 | INJECTION, BELINOSTAT, 10MG | - | - | 7/1/2024 | Fee Schedule | \$49.96 |
| J9033 | INJ., TREANDA 1 MG | - | - | 7/1/2024 | Fee Schedule | \$5.36 |
| J9034 | INJ., BENDEKA 1 MG | - | - | 7/1/2024 | Fee Schedule | \$13.61 |
| J9035 | BEVACIZUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$72.46 |
| J9036 | INJ. BELRAPZO/BENDAMUSTINE | - | - | 7/1/2024 | Fee Schedule | \$3.59 |
| J9037 | INJ BELANTAMAB MAFODOT BLMF | - | - | 1/1/2024 | Fee Schedule | \$46.78 |
| J9039 | INJECTION, BLINATUMOMAB | - | - | 7/1/2024 | Fee Schedule | \$151.96 |
| J9040 | BLEOMYCIN SULFATE INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9041 | INJECTION, BORTEZOMIB, 0.1MG | - | - | 7/1/2024 | Fee Schedule | \$1.73 |
| J9042 | BRENTUXIMAB VEDOTIN INJ | - | - | 7/1/2024 | Fee Schedule | \$239.60 |
| J9043 | CABAZITAXEL INJECTION | - | - | 7/1/2024 | Fee Schedule | \$215.50 |
| J9045 | CARBOPLATIN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9046 | INJ, BORTEZOMIB, DR. REDDY'S | - | - | 1/1/2024 | Fee Schedule | \$48.55 |
| J9047 | INJECTION, CARFILZOMIB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$49.63 |
| J9048 | INJ, BORTEZOMIB FRESENIUSKAB | - | - | 7/1/2024 | Fee Schedule | \$5.04 |
| J9049 | INJ, BORTEZOMIB, HOSPIRA | - | - | 7/1/2024 | Fee Schedule | \$1.92 |
| J9050 | CARMUSTINE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$378.18 |
| J9051 | INJ, BORTEZOMIB (MAIA) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9052 | INJ, CARMUSTINE (ACCORD) | - | - | 7/1/2024 | Fee Schedule | \$259.70 |
| J9055 | CETUXIMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$75.63 |
| J9056 | INJ, BENDAMUSTINE, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$29.67 |

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| J9057 | INJ., COPANLISIB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$89.16 |
| J9058 | INJ APOTEX/BENDAMUSTINE 1 MG | - | - | 7/1/2024 | Fee Schedule | \$18.82 |
| J9059 | INJ BENDAMUSTINE, BAXTER 1MG | - | - | 7/1/2024 | Fee Schedule | \$18.82 |
| J9060 | CISPLATIN 10 MG INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9061 | INJ, AMIVANTAMAB-VMJW | - | - | 7/1/2024 | Fee Schedule | \$20.57 |
| J9063 | INJ, ELAHERE, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$66.87 |
| J9064 | INJ, CABAZITAXEL (SANDOZ) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9065 | INJ CLADRIBINE PER 1 MG | - | - | 7/1/2024 | Fee Schedule | \$13.28 |
| J9071 | INJ CYCLOPHOSPHAMD AUROMEDIC | - | - | 7/1/2024 | Fee Schedule | \$1.25 |
| J9072 | INJ CYCLOPHOS DR.REDDY'S 5MG | - | - | 4/1/2024 | Fee Schedule | \$3.87 |
| J9098 | CYTARABINE LIPOSOME INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9100 | CYTARABINE HCL 100 MG INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9118 | INJ. CALASPARGASE PEGOL-MKNL | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9119 | INJ., CEMIPILIMAB-RWLC, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$27.70 |
| J9120 | DACTINOMYCIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$397.51 |
| J9130 | DACARBAZINE 100 MG INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9144 | DARATUMUMAB, HYALURONIDASE | - | - | 7/1/2024 | Fee Schedule | \$51.00 |
| J9145 | INJECTION, DARATUMUMAB 10 MG | - | - | 7/1/2024 | Fee Schedule | \$64.38 |
| J9150 | DAUNORUBICIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$26.66 |
| J9151 | DAUNORUBICIN CITRATE INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9153 | INJ DAUNORUBICIN, CYTARABINE | - | - | 7/1/2024 | Fee Schedule | \$241.61 |
| J9155 | DEGARELIX INJECTION | - | - | 7/1/2024 | Fee Schedule | \$4.27 |
| J9165 | DIETHYLSTILBESTROL INJECTION | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9171 | DOCETAXEL INJECTION | - | - | 1/1/2021 | No Separate Payment | \$0.00 |
| J9172 | DOCETAXEL (INGENUS), 1 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9173 | INJ., DURVALUMAB, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$81.87 |
| J9175 | ELLIOTTS B SOLUTION PER ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9176 | INJECTION, ELOTUZUMAB, 1MG | - | - | 7/1/2024 | Fee Schedule | \$7.57 |
| J9177 | INJ ENFORT VEDO-EJFV 0.25MG | - | - | 7/1/2024 | Fee Schedule | \$36.12 |
| J9178 | INJ, EPIRUBICIN HCL, 2 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9179 | ERIBULIN MESYLATE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$141.29 |
| J9181 | ETOPOSIDE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9185 | FLUDARABINE PHOSPHATE INJ | - | - | 7/1/2024 | Fee Schedule | \$229.30 |
| J9190 | FLUOROURACIL INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9196 | INJ GEMCITABINE HCL (ACCORD) | - | - | 7/1/2024 | Fee Schedule | \$7.78 |
| J9198 | INJ. INFUGEM, 100 MG | - | - | 1/1/2024 | Fee Schedule | \$40.28 |
| J9200 | FLOXURIDINE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$3,857.12 |
| J9201 | IN GEMCITABINE HCL NOS 200MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9202 | GOSERELIN ACETATE IMPLANT | - | - | 7/1/2024 | Fee Schedule | \$659.53 |
| J9203 | GEMTUZUMAB OZOGAMICIN 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$229.67 |
| J9204 | INJ MOGAMULIZUMAB-KPKC, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$238.53 |
| J9205 | INJ IRINOTECAN LIPOSOME 1 MG | - | - | 7/1/2024 | Fee Schedule | \$63.38 |
| J9206 | IRINOTECAN INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9207 | IXABEPILONE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$133.16 |
| J9208 | IFOSFAMIDE INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9209 | MESNA INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9210 | INJ., EMAPALUMAB-LZSG, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$366.67 |
| J9211 | IDARUBICIN HCL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9212 | INTERFERON ALFACON-1 INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9213 | INTERFERON ALFA-2A INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9214 | INTERFERON ALFA-2B INJ | - | - | 7/1/2024 | Fee Schedule | \$28.66 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| J9215 | INTERFERON ALFA-N3 INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9216 | INTERFERON GAMMA 1-B INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9217 | LEUPROLIDE ACETATE SUSPNSION | - | - | 7/1/2024 | Fee Schedule | \$180.54 |
| J9218 | LEUPROLIDE ACETATE INJECTON | - | - | 7/1/2024 | Fee Schedule | \$4.65 |
| J9219 | LEUPROLIDE ACETATE IMPLANT | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9223 | INJ. LURBINECTEDIN, 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$202.76 |
| J9225 | VANTAS IMPLANT | - | - | 7/1/2024 | Fee Schedule | \$1,567.97 |
| J9226 | SUPPRELIN LA IMPLANT | - | - | 7/1/2024 | Fee Schedule | \$44,158.25 |
| J9227 | INJ. ISATUXIMAB-IRFC 10 MG | - | - | 7/1/2024 | Fee Schedule | \$77.99 |
| J9228 | IPILIMUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$176.78 |
| J9229 | INJ INOTUZUMAB OZOGAM 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$2,618.85 |
| J9230 | MECHLORETHAMINE HCL INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9245 | INJ MELPHA HYDROCH NOS 50 MG | - | - | 7/1/2024 | Fee Schedule | \$155.33 |
| J9246 | INJ., EVOMELA, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$15.06 |
| J9247 | INJ, MELPHALAN FLUFENAMI 1MG | - | - | 4/1/2024 | Fee Schedule | \$426.90 |
| J9250 | METHOTREXATE SODIUM INJ | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| J9255 | INJ, METHOTREXATE (ACCORD) | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9258 | PACLITAXEL (TEVA) | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9259 | PACLITAXEL (AMERICAN REGENT) | - | - | 7/1/2024 | Fee Schedule | \$15.40 |
| J9260 | METHOTREXATE SODIUM INJ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9261 | NELARABINE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$73.32 |
| J9262 | INJ, OMACETAXINE MEP, 0.01MG | - | - | 7/1/2024 | Fee Schedule | \$4.03 |
| J9263 | OXALIPLATIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9264 | PACLITAXEL PROTEIN BOUND | - | - | 7/1/2024 | Fee Schedule | \$13.24 |
| J9266 | PEGASPARGASE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$27,014.86 |
| J9267 | PACLITAXEL INJECTION | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| J9268 | PENTOSTATIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$2,537.07 |
| J9269 | INJ. TAGRAXOFUSP-ERZS 10 MCG | - | - | 7/1/2024 | Fee Schedule | \$326.53 |
| J9270 | PLICAMYCIN (MITHRAMYCIN) INJ | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9271 | INJ PEMBROLIZUMAB | - | - | 7/1/2024 | Fee Schedule | \$56.66 |
| J9272 | INJ, DOSTARLIMAB-GXLY, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$236.47 |
| J9273 | INJ TISOTU VEDOTIN-TFTV, 1MG | - | - | 7/1/2024 | Fee Schedule | \$174.95 |
| J9274 | INJ, TEBENTAFUSP-TEBN, 1 MCG | - | - | 7/1/2024 | Fee Schedule | \$214.56 |
| J9280 | MITOMYCIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$54.16 |
| J9281 | MITOMYCIN INSTILLATION | - | - | 7/1/2024 | Fee Schedule | \$306.66 |
| J9285 | INJ, OLARATUMAB, 10 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9286 | INJ GLOFITAMAB GXBM, 2.5 MG | - | - | 7/1/2024 | Fee Schedule | \$2,706.61 |
| J9293 | MITOXANTRONE HYDROCHL / 5 MG | - | - | 7/1/2024 | Fee Schedule | \$55.11 |
| J9294 | INJ PEMETREXED, HOSPIRA 10MG | - | - | 7/1/2024 | Fee Schedule | \$1.97 |
| J9295 | INJECTION, NECITUMUMAB, 1 MG | - | - | 1/1/2024 | Fee Schedule | \$5.74 |
| J9296 | INJ PEMETREXED (ACCORD) 10MG | - | - | 1/1/2024 | Fee Schedule | \$9.66 |
| J9297 | INJ PEMETREXED (SANDOZ) 10MG | - | - | 7/1/2024 | Fee Schedule | \$1.12 |
| J9298 | INJ NIVOL RELATLIMAB 3MG/1MG | - | - | 7/1/2024 | Fee Schedule | \$190.50 |
| J9299 | INJECTION, NIVOLUMAB | - | - | 7/1/2024 | Fee Schedule | \$31.60 |
| J9301 | OBINUTUZUMAB INJ | - | - | 7/1/2024 | Fee Schedule | \$74.15 |
| J9302 | OFATUMUMAB INJECTION | - | - | 1/1/2024 | Fee Schedule | \$63.96 |
| J9303 | PANITUMUMAB INJECTION | - | - | 7/1/2024 | Fee Schedule | \$158.69 |
| J9304 | INJ. PEMETREXED, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$52.95 |
| J9305 | INJ. PEMETREXED NOS 10MG | - | - | 7/1/2024 | Fee Schedule | \$5.62 |
| J9306 | INJECTION, PERTUZUMAB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$15.95 |
| J9307 | PRALATREXATE INJECTION | - | - | 7/1/2024 | Fee Schedule | \$299.13 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|-------------|
| J9308 | INJECTION, RAMUCIRUMAB | - | - | 7/1/2024 | Fee Schedule | \$71.26 |
| J9309 | INJ, POLATUZUMAB VEDOTIN 1MG | - | - | 7/1/2024 | Fee Schedule | \$129.96 |
| J9311 | INJ RITUXIMAB, HYALURONIDASE | - | - | 7/1/2024 | Fee Schedule | \$36.53 |
| J9312 | INJ., RITUXIMAB, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$77.68 |
| J9313 | INJ., LUMOXITI, 0.01 MG | - | - | 1/1/2024 | Fee Schedule | \$23.39 |
| J9314 | INJ PEMETREXED (TEVA) 10MG | - | - | 7/1/2024 | Fee Schedule | \$11.00 |
| J9316 | PERTUZU, TRASTUZU, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$66.32 |
| J9317 | SACITUZUMAB GOVITECAN-HZIY | - | - | 7/1/2024 | Fee Schedule | \$34.93 |
| J9318 | INJ ROMIDEPSIN NON-LYO 0.1MG | - | - | 1/1/2024 | Fee Schedule | \$33.91 |
| J9319 | INJ ROMIDEPSIN LYOPHIL 0.1MG | - | - | 7/1/2024 | Fee Schedule | \$29.77 |
| J9320 | STREPTOZOCIN INJECTION | - | - | 1/1/2024 | Fee Schedule | \$370.18 |
| J9321 | INJ EPCORITAMAB-BYSP 0.16 MG | - | - | 7/1/2024 | Fee Schedule | \$54.44 |
| J9322 | INJ PEMETREXED (BLUEPOINT) | - | - | 10/1/2023 | Not Allowed | \$0.00 |
| J9323 | INJ PEMETREXED DITROMETHAMIN | - | - | 7/1/2024 | Fee Schedule | \$4.69 |
| J9324 | INJ, PEMRYDI RTU, 10 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| J9325 | INJ TALIMOGENE LAHERPAREPVEC | - | - | 7/1/2024 | Fee Schedule | \$69.96 |
| J9328 | TEMOZOLOMIDE INJECTION | - | - | 1/1/2024 | Fee Schedule | \$10.40 |
| J9330 | TEMSIROLIMUS INJECTION | - | - | 7/1/2024 | Fee Schedule | \$30.75 |
| J9331 | INJ SIROLIMUS PROT PART 1 MG | - | - | 7/1/2024 | Fee Schedule | \$113.74 |
| J9332 | INJ EFGARTIGIMOD 2MG | - | - | 7/1/2024 | Fee Schedule | \$32.12 |
| J9333 | INJ RONZANOLIXIZUM-NOLI 1 MG | - | - | 7/1/2024 | Fee Schedule | \$22.83 |
| J9334 | INJ EFGART-ALFA 2MG HYA-QVFC | - | - | 7/1/2024 | Fee Schedule | \$33.13 |
| J9340 | THIOTEPA INJECTION | - | - | 7/1/2024 | Fee Schedule | \$227.26 |
| J9345 | INJ, RETIFANLIMAB-DLWR, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$29.36 |
| J9347 | INJ, TREMELIMUMAB-ACTL, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$135.56 |
| J9348 | INJ. NAXITAMAB-GQGK, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$609.17 |
| J9349 | INJ., TAFASITAMAB-CXIX | - | - | 7/1/2024 | Fee Schedule | \$13.78 |
| J9350 | INJ MOSUNETUZUMAB-AXGB, 1 MG | - | - | 7/1/2024 | Fee Schedule | \$637.19 |
| J9351 | TOPOTECAN INJECTION | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9352 | INJECTION TRABECTEDIN 0.1MG | - | - | 7/1/2024 | Fee Schedule | \$355.36 |
| J9353 | INJ. MARGETUXIMAB-CMKB, 5 MG | - | - | 7/1/2024 | Fee Schedule | \$48.14 |
| J9354 | INJ, ADO-TRASTUZUMAB EMT 1MG | - | - | 7/1/2024 | Fee Schedule | \$40.04 |
| J9355 | INJ TRASTUZUMAB EXCL BIOSIMI | - | - | 7/1/2024 | Fee Schedule | \$78.08 |
| J9356 | INJ. HERCEPTIN HYLECTA, 10MG | - | - | 7/1/2024 | Fee Schedule | \$64.61 |
| J9357 | VALRUBICIN INJECTION | - | - | 7/1/2024 | Fee Schedule | \$1,453.80 |
| J9358 | INJ FAM-TRASTU DERU-NXKI 1MG | - | - | 7/1/2024 | Fee Schedule | \$27.75 |
| J9359 | INJ LON TESIRIN-LPYL 0.075MG | - | - | 7/1/2024 | Fee Schedule | \$206.41 |
| J9360 | VINBLASTINE SULFATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9370 | VINCRISTINE SULFATE 1 MG INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9380 | INJ TECLISTAMAB CQYV 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$31.75 |
| J9381 | INJ TEPLIZUMAB MZVV 5 MCG | - | - | 7/1/2024 | Fee Schedule | \$36.95 |
| J9390 | VINORELBINE TARTRATE INJ | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| J9393 | INJ, FULVESTRANT (TEVA) | - | - | 1/1/2024 | Fee Schedule | \$21.20 |
| J9394 | INJ, FULVESTRANT (FRESENIUS) | - | - | 7/1/2024 | Fee Schedule | \$12.26 |
| J9395 | INJECTION, FULVESTRANT | - | - | 7/1/2024 | Fee Schedule | \$8.73 |
| J9400 | INJ, ZIV-AFLIBERCEPT, 1MG | - | - | 7/1/2024 | Fee Schedule | \$7.09 |
| J9600 | PORFIMER SODIUM INJECTION | - | - | 7/1/2024 | Fee Schedule | \$23,517.16 |
| J9999 | CHEMOTHERAPY DRUG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8600 | IMPLANT BREAST SILICONE/EQ | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| L8603 | COLLAGEN IMP URINARY 2.5 ML | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| L8604 | DEXTRANOMER/HYALURONIC ACID | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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|-----------|------------------------------|--------------------|----|-----------|---------------------|---------|
| L8605 | INJ BULKING AGENT ANAL CANAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8606 | SYNTHETIC IMPLNT URINARY IML | - | - | 7/1/2018 | Not Allowed | \$0.00 |
| L8607 | INJ VOCAL CORD BULKING AGENT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8608 | ARG II EXT COM/SUP/ACC MISC | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| L8609 | ARTIFICIAL CORNEA | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8610 | OCULAR IMPLANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8612 | AQUEOUS SHUNT PROSTHESIS | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| L8613 | OSSICULAR IMPLANT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| L8614 | COCHLEAR DEVICE | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| L8630 | METACARPOPHALANGEAL IMPLANT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| L8631 | MCP JOINT REPL 2 PC OR MORE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8641 | METATARSAL JOINT IMPLANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8642 | HALLUX IMPLANT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8658 | INTERPHALANGEAL JOINT SPACER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8659 | INTERPHALANGEAL JOINT REPL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8670 | VASCULAR GRAFT, SYNTHETIC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8678 | EXT SPLY IMPLT NEUROSTIM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| L8679 | IMP NEUROSTI PLS GN ANY TYPE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8682 | IMPLT NEUROSTIM RADIOFQ REC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8690 | AUD OSSEO DEV, INT/EXT COMP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L8699 | PROSTHETIC IMPLANT NOS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| L9900 | O&P SUPPLY/ACCESSORY/SERVICE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| M0222 | BEBTELOVIMAB INJECTION | - | - | 12/8/2021 | Not Allowed | \$0.00 |
| P9041 | ALBUMIN (HUMAN),5%, 50ML | - | - | 1/1/2024 | Fee Schedule | \$10.62 |
| P9045 | ALBUMIN (HUMAN), 5%, 250 ML | - | - | 1/1/2024 | Fee Schedule | \$53.08 |
| P9046 | ALBUMIN (HUMAN), 25%, 20 ML | - | - | 1/1/2024 | Fee Schedule | \$21.23 |
| P9047 | ALBUMIN (HUMAN), 25%, 50ML | - | - | 1/1/2024 | Fee Schedule | \$53.08 |
| P9050 | GRANULOCYTES, PHERESIS UNIT | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| Q0035 | CARDIOKYMOGRAPHY | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q0092 | SET UP PORT XRAY EQUIPMENT | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q0138 | FERUMOXYTOL, NON-ESRD | - | - | 7/1/2024 | Fee Schedule | \$0.33 |
| Q0139 | FERUMOXYTOL, ESRD USE | - | - | 7/1/2024 | Fee Schedule | \$0.33 |
| Q0161 | CHLORPROMAZINE HCL 5MG ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0162 | ONDANSETRON ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0163 | DIPHENHYDRAMINE HCL 50MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0164 | PROCHLORPERAZINE MALEATE 5MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0166 | GRANISETRON HCL 1 MG ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0167 | DRONABINOL 2.5MG ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0169 | PROMETHAZINE HCL 12.5MG ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0173 | TRIMETHOBENZAMIDE HCL 250MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| Q0174 | THIETHYLPERAZINE MALEATE10MG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| Q0175 | PERPHENAZINE 4MG ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0177 | HYDROXYZINE PAMOATE 25MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0180 | DOLASETRON MESYLATE ORAL | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0181 | UNSPECIFIED ORAL ANTI-EMETIC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0220 | TIXAGEV AND CILGAV, 300MG | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| Q0221 | TIXAGEV AND CILGAV, 600MG | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| Q0222 | BEBTELOVIMAB 175 MG | - | - | 1/1/2023 | No Separate Payment | \$0.00 |
| Q0240 | CASIRIVI AND IMDEVI 600 MG | - | - | 10/1/2021 | No Separate Payment | \$0.00 |
| Q0243 | CASIRIVIMAB AND IMDEVIMAB | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| Q0244 | CASIRIVI AND IMDEVI 1200 MG | - | - | 10/1/2021 | No Separate Payment | \$0.00 |

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| Q0245 | BAMLANIVIMAB AND ETESEVIMA | - | - | 4/1/2021 | No Separate Payment | \$0.00 |
| Q0247 | SOTROVIMAB | - | - | 10/1/2021 | No Separate Payment | \$0.00 |
| Q0249 | TOCILIZUMAB FOR COVID-19 | - | - | 10/1/2021 | No Separate Payment | \$0.00 |
| Q0507 | MISC SUP/ACC EXT VAD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0508 | MIS SUP/ACC IMP VAD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0509 | MIS SUP/AC IMP VAD NOPAY MED | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q0515 | SERMORELIN ACETATE INJECTION | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| Q2004 | BLADDER CALCULI IRRIG SOL | - | - | 1/1/2024 | Fee Schedule | \$146.92 |
| Q2009 | FOSPHENYTOIN INJ PE | - | - | 7/1/2024 | Fee Schedule | \$3.07 |
| Q2017 | TENIPOSIDE, 50 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| Q2026 | RADIESSE INJECTION | - | - | 1/1/2024 | Fee Schedule | \$298.73 |
| Q2028 | INJ, SCULPTRA, 0.5MG | - | - | 1/1/2024 | Fee Schedule | \$1.40 |
| Q2034 | AGRIFLU VACCINE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q2035 | AFLURIA VACC, 3 YRS & >, IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q2036 | FLULAVAL VACC, 3 YRS & >, IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q2037 | FLUVIRIN VACC, 3 YRS & >, IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q2038 | FLUZONE VACC, 3 YRS & >, IM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q2039 | INFLUENZA VIRUS VACCINE, NOS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q2043 | SIPULEUCEL-T AUTO CD54+ | - | - | 7/1/2024 | Fee Schedule | \$55,512.78 |
| Q2049 | IMPORTED LIPODOX INJ | - | - | 1/1/2024 | Fee Schedule | \$391.42 |
| Q2050 | DOXORUBICIN INJ 10MG | - | - | 7/1/2024 | Fee Schedule | \$136.23 |
| Q3014 | TELEHEALTH FACILITY FEE | - | - | 3/1/2020 | Fee Schedule | \$26.65 |
| Q3027 | INJ BETA INTERFERON IM 1 MCG | - | - | 7/1/2024 | Fee Schedule | \$57.12 |
| Q3031 | COLLAGEN SKIN TEST | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4100 | SKIN SUBSTITUTE, NOS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4101 | APLIGRAF | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4102 | OASIS WOUND MATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4103 | OASIS BURN MATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4104 | INTEGRA BMWD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4105 | INTEGRA DRT OR OMNIGRAFT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4106 | DERMAGRAFT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4107 | GRAFTJACKET | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4108 | INTEGRA MATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4110 | PRIMATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4111 | GAMMAGRAFT | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4112 | CYMETRA INJECTABLE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4113 | GRAFTJACKET XPRESS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4114 | INTEGRA FLOWABLE WOUND MATRI | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4115 | ALLOSKIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4116 | ALLODERM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4117 | HYALOMATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4118 | MATRISTEM MICROMATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4121 | THERASKIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4122 | DERMACELL, AWM, POROUS SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4123 | ALLOSKIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4124 | OASIS TRI-LAYER WOUND MATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4125 | ARTHROFLEX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4126 | MEMODERM/DERMA/TRANZ/INTEGUP | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4127 | TALYMED | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4128 | FLEXHD/ALLOPATCHHD/SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4130 | STRATTICE TM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Q4132 | GRAFIX CORE, GRAFIXPL CORE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4133 | GRAFIX STRAVIX PRIME PL SQCM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4134 | HMATRIX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4135 | MEDISKIN | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4136 | EZDERM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4137 | AMNIOEXCEL BIODEXCEL 1SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4138 | BIODFENCE DRYFLEX, 1CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4139 | AMNIO OR BIODMATRIX, INJ 1CC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4140 | BIODFENCE 1CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4141 | ALLOSKIN AC, 1 CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4142 | XCM BIOLOGIC TISS MATRIX 1CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4143 | REPRIZA, 1CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4145 | EPIFIX, INJ, 1MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4146 | TENSIX, 1CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4147 | ARCHITECT ECM PX FX 1 SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4148 | NEOX NEOX RT OR CLARIX CORD | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4149 | EXCELLAGEN, 0.1 CC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4150 | ALLOWRAP DS OR DRY 1 SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4151 | AMNIOBAND, GUARDIAN 1 SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4152 | DERMAPURE 1 SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4153 | DERMAVEST, PLURIVEST SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4154 | BIOVANCE 1 SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4155 | NEOXFLO OR CLARIXFLO 1 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4156 | NEOX 100 OR CLARIX 100 | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4157 | REVITALON 1 SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4158 | KERECIS OMEGA3, PER SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4159 | AFFINITY 1 SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4160 | NUSHIELD 1 SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4161 | BIO-CONNKT PER SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4162 | WNDEX FLW, BIOSKN FLW, 0.5CC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4163 | WOUNDEX, BIOSKIN, PER SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4164 | HELICOLL, PER SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4165 | KERAMATRIX, KERASORB SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4166 | CYTAL, PER SQUARE CENTIMETER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4167 | TRUSKIN, PER SQ CENTIMETER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4168 | AMNIOBAND, 1 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4169 | ARTACENT WOUND, PER SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4170 | CYGNUS, PER SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4171 | INTERFYL, 1 MG | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4173 | PALINGEN OR PALINGEN XPLUS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4174 | PALINGEN OR PROMATRX | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4175 | MIRODERM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4176 | NEOPATCH OR THERION, 1 SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4177 | FLOWERAMNIOFLO, 0.1 CC | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4178 | FLOWERAMNIOPATCH, PER SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4179 | FLOWERDERM, PER SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4180 | REVITA, PER SQ CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4181 | AMNIO WOUND, PER SQUARE CM | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4182 | TRANSCYTE, PER SQ CENTIMETER | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q4183 | SURGIGRAFT, 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4184 | CELLESTA OR DUO PER SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|--------|
| Q4185 | CELLESTA FLOWAB AMNION 0.5CC | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4186 | EPIFIX 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4187 | EPICORD 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4188 | AMNIOARMOR 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4189 | ARTACENT AC, 1 MG | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4190 | ARTACENT AC 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4191 | RESTORIGIN 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4192 | RESTORIGIN, 1 CC | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4193 | COLL-E-DERM 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4194 | NOVACHOR 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4195 | PURAPLY 1 SQ CM | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q4196 | PURAPLY AM 1 SQ CM | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q4197 | PURAPLY XT 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4198 | GENESIS AMNIO MEMBRANE 1SQCM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4199 | CYGNUS MATRIX, PER SQ CM | - | - | 1/1/2022 | No Separate Payment | \$0.00 |
| Q4200 | SKIN TE 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4201 | MATRION 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4202 | KEROXX (2.5G/CC), 1CC | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4203 | DERMA-GIDE, 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4204 | XWRAP 1 SQ CM | - | - | 1/1/2019 | No Separate Payment | \$0.00 |
| Q4205 | MEMBRANE GRAFT OR WRAP SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4206 | FLUID FLOW OR FLUID GF 1 CC | - | - | 7/1/2020 | No Separate Payment | \$0.00 |
| Q4208 | NOVAFIX PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4209 | SURGRAFT PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4211 | AMNION BIO OR AXOBIO SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4212 | ALLOGEN, PER CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4213 | ASCENT, 0.5 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4214 | CELLESTA CORD PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4215 | AXOLOTL AMBIENT, CRYO 0.1 MG | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4216 | ARTACENT CORD PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4217 | WOUNDFIX BIOWOUND PLUS XPLUS | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4218 | SURGICORD PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4219 | SURGIGRAFT DUAL PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4220 | BELLACELL HD, SUREDERM SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4221 | AMNIOWRAP2 PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4222 | PROGENAMATRIX, PER SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4224 | HHF10-P PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4225 | AMNIO OR DERMA TL, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4226 | MYOWN HARV PREP PROC SQ CM | - | - | 4/1/2020 | No Separate Payment | \$0.00 |
| Q4227 | AMNIOCORE PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4229 | COGENEX AMNIO MEMB PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4230 | COGENEX FLOW AMNION 0.5 CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4231 | CORPLEX P, PER CC | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q4232 | CORPLEX, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4233 | SURFACTOR /NUDYN PER 0.5 CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4234 | XCELLERATE, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4235 | AMNIOREPAIR OR ALTIPLY SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4236 | CAREPATCH PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4237 | CRYO-CORD, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4238 | DERM-MAXX, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4239 | AMNIO-MAXX OR LITE PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|--------|
| Q4240 | CORECYTE TOPICAL ONLY 0.5 CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4241 | POLYCYTE, TOPICAL ONLY 0.5CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4242 | AMNIOCYTE PLUS, PER 0.5 CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4245 | AMNIOTEXT, PER CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4246 | CORETEXT OR PROTEXT, PER CC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4247 | AMNIOTEXT PATCH, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4248 | DERMACYTE AMN MEM ALLO SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4249 | AMNIPLY, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4250 | AMNIOAMP-MP PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4251 | VIM, PER SQUARE CENTIMETER | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4252 | VENDAJE, PER SQUARE CENTIMET | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4253 | ZENITH AMNIOTIC MEMBRANE PSC | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4254 | NOVAFIX DL PER SQ CM | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q4255 | REGUARD, TOPICAL USE PER SQ | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q4256 | MLG COMPLET, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| Q4257 | RELESE, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| Q4258 | ENVERSE, PER SQ CM | - | - | 4/1/2022 | No Separate Payment | \$0.00 |
| Q4259 | CELERA PER SQ CM | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| Q4260 | SIGNATURE APATCH, PER SQ CM | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| Q4261 | TAG, PER SQUARE CENTIMETER | - | - | 10/1/2022 | No Separate Payment | \$0.00 |
| Q4262 | DUAL LAYER IMPAX, PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4263 | SURGRAFT TL, PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4264 | COCOON MEMBRANE, PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4265 | NEOSTIM TL PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4266 | NEOSTIM PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4267 | NEOSTIM DL PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4268 | SURGRAFT FT PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4269 | SURGRAFT XT PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4270 | COMPLETE SL PER SQ CM | - | - | 4/1/2023 | No Separate Payment | \$0.00 |
| Q4271 | COMPLETE FT PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4272 | ESANO A, PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4273 | ESANO AAA, PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4274 | ESANO AC, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4275 | ESANO ACA, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4276 | ORION, PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4278 | EPIEFFECT, PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4279 | VENDAJE AC, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4280 | XCELL AMNIO MATRIX PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4281 | BARRERA SLOR DL PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4282 | CYGNUS DUAL PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4283 | BIOVANCE TRI OR 3L, SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4284 | DERMABIND SL, PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4285 | NUDYN DL OR DL MESH PR SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4286 | NUDYN SL OR SLW, PER SQ CM | - | - | 10/1/2023 | No Separate Payment | \$0.00 |
| Q4287 | DERMABIND DL, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4288 | DERMABIND CH, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4289 | REVOSHIELD+ AMNIO, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4290 | MEMBRANE WRAP HYDR PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4291 | LAMELLAS XT, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4292 | LAMELLAS, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4293 | ACESSO DL, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|----------|
| Q4294 | AMNIO QUAD-CORE, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4295 | AMNIO TRI-CORE, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4296 | REBOUND MATRIX, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4297 | EMERGE MATRIX, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4298 | AMNICORE PRO, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4299 | AMNICORE PRO+, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4300 | ACESSO TL, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4301 | ACTIVATE MATRIX, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4302 | COMPLETE ACA, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4303 | COMPLETE AA, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4304 | GRAFIX PLUS, PER SQ CM | - | - | 1/1/2024 | No Separate Payment | \$0.00 |
| Q4305 | AMER AM AC TRI-LAY PER SQ CM | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| Q4306 | AMERIC AMNION AC PER SQ CM | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| Q4307 | AMERICAN AMNION, PER SQ CM | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| Q4308 | SANOPELLIS, PER SQ CM | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| Q4309 | VIA MATRIX, PER SQ CM | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| Q4310 | PROCENTA, PER 100 MG | - | - | 4/1/2024 | No Separate Payment | \$0.00 |
| Q5101 | INJECTION, ZARXIO | - | - | 7/1/2024 | Fee Schedule | \$0.25 |
| Q5103 | INJECTION, INFLECTRA | - | - | 7/1/2024 | Fee Schedule | \$10.66 |
| Q5104 | INJECTION, RENFLEXIS | - | - | 7/1/2024 | Fee Schedule | \$29.91 |
| Q5105 | INJ RETACRIT ESRD ON DIALYSI | - | - | 7/1/2024 | Fee Schedule | \$0.68 |
| Q5106 | INJ RETACRIT NON-ESRD USE | - | - | 7/1/2024 | Fee Schedule | \$6.82 |
| Q5107 | INJ MVASI 10 MG | - | - | 7/1/2024 | Fee Schedule | \$26.60 |
| Q5108 | INJECTION, FULPHILA | - | - | 7/1/2024 | Fee Schedule | \$147.76 |
| Q5109 | INJECTION, IXIFI, 10 MG | - | - | 1/1/2023 | Not Allowed | \$0.00 |
| Q5110 | NIVESTYM | - | - | 7/1/2024 | Fee Schedule | \$0.28 |
| Q5111 | INJECTION, UDENYCA 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$166.05 |
| Q5112 | INJ ONTRUZANT 10 MG | - | - | 7/1/2024 | Fee Schedule | \$32.46 |
| Q5113 | INJ HERZUMA 10 MG | - | - | 7/1/2024 | Fee Schedule | \$62.63 |
| Q5114 | INJ OGVVRI 10 MG | - | - | 7/1/2024 | Fee Schedule | \$55.78 |
| Q5115 | INJ TRUXIMA 10 MG | - | - | 7/1/2024 | Fee Schedule | \$33.70 |
| Q5116 | INJ., TRAZIMERA, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$12.64 |
| Q5117 | INJ., KANJINTI, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$19.34 |
| Q5118 | INJ., ZIRABEV, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$20.97 |
| Q5119 | INJ RUXIENCE, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$19.25 |
| Q5120 | INJ PEGFILGRASTIM-BMEZ 0.5MG | - | - | 1/1/2024 | Fee Schedule | \$346.76 |
| Q5121 | INJ. AVSOLA, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$21.89 |
| Q5122 | INJ, NYVEPRIA | - | - | 7/1/2024 | Fee Schedule | \$79.60 |
| Q5123 | INJ. RIABNI, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$40.37 |
| Q5124 | INJ. BYOOVIZ, 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$157.71 |
| Q5125 | INJ, RELEUKO 1 MCG | - | - | 7/1/2024 | Fee Schedule | \$0.41 |
| Q5126 | INJ ALYMSYS 10 MG | - | - | 7/1/2024 | Fee Schedule | \$57.72 |
| Q5127 | INJ, STIMUFEND, 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$335.39 |
| Q5128 | INJ, CIMERLI, 0.1 MG | - | - | 7/1/2024 | Fee Schedule | \$204.57 |
| Q5129 | INJ, VEGZELMA, 10 MG | - | - | 7/1/2024 | Fee Schedule | \$61.24 |
| Q5130 | INJ, FYLNETRA, 0.5 MG | - | - | 7/1/2024 | Fee Schedule | \$194.06 |
| Q5131 | INJ, IDACIO, 20 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| Q5132 | INJ, ABRILADA, 10 MG | - | - | 1/1/2024 | Not Allowed | \$0.00 |
| Q9950 | INJ SULF HEXA LIPID MICROSPH | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q9951 | LOCM >= 400 MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9953 | INJ FE-BASED MR CONTRAST,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |

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| Proc Code | Proc Description | Multiple Procedure | PA | Effective | Method | Fee |
|-----------|------------------------------|--------------------|----|-----------|---------------------|--------|
| Q9954 | ORAL MR CONTRAST, 100 ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9955 | INJ PERFLEXANE LIP MICROS,ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9956 | INJ OCTAFLUOROPROPANE MIC,ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9957 | INJ PERFLUTREN LIP MICROS,ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9958 | HOCM <=149 MG/ML IODINE, 1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9959 | HOCM 150-199MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9960 | HOCM 200-249MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9961 | HOCM 250-299MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9962 | HOCM 300-349MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9963 | HOCM 350-399MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9964 | HOCM>= 400MG/ML IODINE, 1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9965 | LOCM 100-199MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9966 | LOCM 200-299MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9967 | LOCM 300-399MG/ML IODINE,1ML | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| Q9968 | VISUALIZATION ADJUNCT | - | - | 7/1/2024 | Fee Schedule | \$8.45 |
| Q9982 | FLUTEMETAMOL F18 DIAGNOSTIC | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q9983 | FLORBETABEN F18 DIAGNOSTIC | - | - | 10/1/2020 | No Separate Payment | \$0.00 |
| Q9991 | BUPRENORPH XR 100 MG OR LESS | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| Q9992 | BUPRENORPHINE XR OVER 100 MG | - | - | 4/1/2024 | Not Allowed | \$0.00 |
| V2630 | ANTER CHAMBER INTRAOCUL LENS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| V2631 | IRIS SUPPORT INTRAOCLR LENS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| V2632 | POST CHMBR INTRAOCULAR LENS | - | - | 7/1/2018 | No Separate Payment | \$0.00 |
| V2785 | CORNEAL TISSUE PROCESSING | - | - | 4/1/2016 | Fee Schedule | \$0.00 |
| V2790 | AMNIOTIC MEMBRANE | - | - | 7/1/2018 | No Separate Payment | \$0.00 |